

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

ADDRESS (number and street)

320 FIRST STREET SE

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00075820

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2009

through

04

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Keith A. Davis

Signature of Treasurer

Electronically Filed by Keith A. Davis

Date

05

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		857845.78
(b) Cash on Hand at Beginning of Reporting Period	3221746.12	
(c) Total Receipts (from Line 19)	2228533.33	11160201.54
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5450279.45	12018047.32
7. Total Disbursements (from Line 31)	1762454.07	8330221.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3687825.38	3687825.38
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	5000000.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	441052.00	3187748.63
(i) Itemized (use Schedule A)	914961.10	3363426.30
(ii) Unitemized	1356013.10	6551174.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	730337.88	3289737.88
(c) Other Political Committees (such as PACs)	2086350.98	9840912.81
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	59974.31	1145274.49
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	56208.04	146839.24
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1175.00
17. Other Federal Receipts (Dividends, Interest, etc.)	26000.00	26000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2228533.33	11160201.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2228533.33	11160201.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1678343.54	5898404.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1678343.54	5898404.31
22. Transfers to Affiliated/Other Party Committees.....	50000.00	50000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1920.00	14055.00
24. Independent Expenditure (use Schedule E)	0.00	817681.10
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	1500000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	9220.00	30574.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	-5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	9220.00	25574.00
29. Other Disbursements.....	22970.53	24507.53
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1762454.07	8330221.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1762454.07	8330221.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2086350.98	9840912.81
34. Total Contribution Refunds (from Line 28(d))	9220.00	25574.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2077130.98	9815338.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1678343.54	5898404.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	56208.04	146839.24
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1622135.50	5751565.07

Form/Schedule : **F3XN**

Transaction ID :

All payments reported on Line 21b are operating and administrative payments solely benefiting and on behalf of the National Republican Congressional Committee. As such, they are not made on behalf of any specifically identified federal candidates, nor do they constitute public communications or voter drive activity containing express advocacy. Therefore, these disbursements are correctly reported on Schedule B for Line 21b, and do not require a Schedule B, Schedule E, or Schedule F for lines 23, 24 or 25.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 7 / 355

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: PTGENSCHDC 1

LOAN SOURCE Full Name (Last, First, Middle Initial)
WACHOVIA NA

RATE IS LIBOR + 1.75%.

Mailing Address 1753 PINNACLE DRIVE

City MCLEAN

State VA

ZIP Code 22102

Election:

☐ Primary☒ General☐ Other (specify) ▼

Original Amount of Loan

6000000.00

Cumulative Payment To Date

1000000.00

Balance Outstanding at Close of This Period

5000000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
2 3Y Y Y Y
2 0 0 8

09/30/09

0.0000

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

5000000.00

TOTALS This Period (last page in this line only) ▶

5000000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARX ACOSTA-RUBIO

Mailing Address 6800 OWENSMOUTH AVE
SUITE 220

City State Zip Code
CANOGA PARK CA 91303

FEC ID number of contributing
federal political committee.

C

Name of Employer
ONESTOP

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923141

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MARX ACOSTA-RUBIO

Mailing Address 6800 OWENSMOUTH AVE
SUITE 220

City State Zip Code
CANOGA PARK CA 91303

FEC ID number of contributing
federal political committee.

C

Name of Employer
ONESTOP

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12949626

Amount of Each Receipt this Period

103.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SUSAN ACQUISTO

Mailing Address 5700 STONERIDGE MALL RD.
STE. 350

City State Zip Code
PLEASANTON CA 94588-2849

FEC ID number of contributing
federal political committee.

C

Name of Employer
RRCS INC.

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934876

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

453.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. NANELLE T. ADAMS

Mailing Address P.O. BOX 932

City

GROVE HILL

State

AL

Zip Code

36451-0932

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12917869

Amount of Each Receipt this Period

11.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DURGA D. AGRAWAL

Mailing Address 2921 UNIVERSITY BLVD.

City

HOUSTON

State

TX

Zip Code

77005-3451

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIPING TECHNOLOGY & PRODU-
CTS

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12934436

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN AHERN

Mailing Address 560 WILLOW RIDGE CIRCLE

City

PROSPER

State

TX

Zip Code

75078

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918671

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1511.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MARK W. ALBERS

Mailing Address 31 CHANCERY PLACE

City

THE WOODLANDS

State

TX

Zip Code

77381-6438

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXXON MOBIL

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12934449

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BENJAMIN C. ALLEN

Mailing Address 2494 ABINGTON RD

City

UPPER ARLINGTON

State

OH

Zip Code

43221-3079

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHEMICAL ABSTRACTS SERVICE

Occupation

TECHNICAL EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931443

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MILKA AMBRUS

Mailing Address 6325 VIA DEL PLAZZA

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275-6585

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944646

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DANA K. ANDERSON

Mailing Address 401 WILSHIRE BLVD.
SUITE 700

City	State	Zip Code
SANTA MONICA	CA	90401-1452

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE MALERICH COMPANYOccupation
VICE CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	9

Transaction ID: SA11.12955544

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. IRENE A. ANDERSON

Mailing Address 401 BURWASH AVE
APT 253

City	State	Zip Code
SAVOY	IL	61874-9695

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	9

Transaction ID: SA11.12930934

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. IRENE A. ANDERSON

Mailing Address 401 BURWASH AVE
APT 253

City	State	Zip Code
SAVOY	IL	61874-9695

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	9

Transaction ID: SA11.12940680

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. SIGURD E. ANDERSON, II

Mailing Address 2915 CAYUGA PT
STE. 230

City State Zip Code
DES MOINES IA 50321-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12955690

Amount of Each Receipt this Period

375.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM F. ANDREWS

Mailing Address 1409 MORAN RD

City State Zip Code
FRANKLIN TN 37069-6301

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORRECTION CORP OF AMERICA

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927701

Amount of Each Receipt this Period

265.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. OCTAVIO W. ARANA

Mailing Address 5501 PACIFIC BLVD

City State Zip Code
HUNTINGTON PK CA 90255-2534

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937451

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

890.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 355

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMBASSADOR GEORGE L. ARGYROS

Mailing Address 950 SOUTH COAST DRIVE
SUITE 600City State Zip Code
COSTA MESA CA 92626FEC ID number of contributing
federal political committee.**C**Name of Employer
ARNEL AND AFFILIATESOccupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11.12942545

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MICKY ARISON

Mailing Address 9999 COLLINS AVENUE
APARTMENT 15-GJCity State Zip Code
BAL HARBOUR FL 33154-1839FEC ID number of contributing
federal political committee.**C**Name of Employer
CARNIVAL CRUISE LINEOccupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12942539

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. ARMISTEAD, JR.

Mailing Address 11066 CASHMERE ST

City State Zip Code
LOS ANGELES CA 90049-3202FEC ID number of contributing
federal political committee.**C**Name of Employer
LOS ANGELES GALAXY SOCCEROccupation
MARKETING REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12933336

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JEFF ARNOULT

Mailing Address 3402 SUNSET BLVD

City

HOUSTON

State

TX

Zip Code

77005-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOUSTON EYE ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12935395

Amount of Each Receipt this Period

375.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT AUTREY

Mailing Address 5511 E OCEAN BLVD

City

LONG BEACH

State

CA

Zip Code

90803-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer

LBBMW

Occupation

AUTO DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12946596

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT AUTREY

Mailing Address 5511 E OCEAN BLVD

City

LONG BEACH

State

CA

Zip Code

90803-4440

FEC ID number of contributing
federal political committee.

C

Name of Employer

LBBMW

Occupation

AUTO DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952276

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 355

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GAYLE O. AVERYT

Mailing Address P.O. BOX 1365

City

COLUMBIA

State

SC

Zip Code

29202-1365

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944875

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LUKE BAER

Mailing Address 3S235 MULBERRY LN

City

GLEN ELLYN

State

IL

Zip Code

60137-7276

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOSCHOccupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923107

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARY ANN BAGEAC

Mailing Address 73 CRANMOOR DR.

City

TOMS RIVER

State

NJ

Zip Code

08753-6865

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12928903

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 355

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN C. BALENKO

Mailing Address 30 RIVER MIST DR.

City

PANGBURN

State

AR

Zip Code

72121-9495

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12951705

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES S. BALLOUN

Mailing Address 3521 NORTHSIDE DR NW

City

ATLANTA

State

GA

Zip Code

30305-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953585

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID ALLEN BANAS

Mailing Address 2854 PEASE DR
APARTMENT 201

City

ROCKY RIVER

State

OH

Zip Code

44116-3242

FEC ID number of contributing
federal political committee.

C

Name of Employer
METROHEALTH MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939547

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID ALLEN BANAS

Mailing Address 2854 PEASE DR
APARTMENT 201

City State Zip Code
ROCKY RIVER OH 44116-3242

FEC ID number of contributing
federal political committee.

C

Name of Employer
METROHEALTH MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945190

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RODDY W. BARBER

Mailing Address 105 FLORIDA ROAD

City State Zip Code
PELL CITY AL 35125-3831

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12915242

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RODDY W. BARBER

Mailing Address 105 FLORIDA ROAD

City State Zip Code
PELL CITY AL 35125-3831

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939580

Amount of Each Receipt this Period

35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RODDY W. BARBER

Mailing Address 105 FLORIDA ROAD

City

PELL CITY

State

AL

Zip Code

35125-3831

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12954679

Amount of Each Receipt this Period

53.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CAROLYN BARBOUR

Mailing Address 4732 24TH RD N

City

ARLINGTON

State

VA

Zip Code

22207-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12923025

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH M. BARNES

Mailing Address PARTRIDGE KNOLL
400 PEACEDALE STREET

City

BRISTOL

State

CT

Zip Code

06010-2392

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932379

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1303.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. TOM H. BARRETT

Mailing Address 8171 BAY COLONY DR.

City

NAPLES

State

FL

Zip Code

34108-7561

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941338

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. TOM H. BARRETT

Mailing Address 8171 BAY COLONY DR.

City

NAPLES

State

FL

Zip Code

34108-7561

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12951687

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. FRANCESCA BEAHAN

Mailing Address 67 HILTON AVE.
APT. B18

City

GARDEN CITY

State

NY

Zip Code

11530-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12928603

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. VAUGHN M. BEALS

Mailing Address P.O. BOX 3260

City

CAREFREE

State

AZ

Zip Code

85377-3260

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12946514

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EUGENE W. BECKER

Mailing Address 1008 S. LOGAN STREET
APARTMENT 12

City

LENA

State

IL

Zip Code

61048-9003

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12917858

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. STEPHEN A. BECKLEY

Mailing Address 32 S HAMPTON DR

City

CHARLESTON

State

SC

Zip Code

29407-3146

FEC ID number of contributing
federal political committee.

C

Name of Employer
BECKLEY ENGINEERING INC.Occupation
NAVAL ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12934573

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EVERETT D. BEECH

Mailing Address 609 BOON STREET

City

CADILLAC

State

MI

Zip Code

49601-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer
ELMER'S CRANE & DOZER

Occupation
MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945506

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EVERETT D. BEECH

Mailing Address 609 BOON STREET

City

CADILLAC

State

MI

Zip Code

49601-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer
ELMER'S CRANE & DOZER

Occupation
MECHANIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12955553

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GLEN L. BELLOWS

Mailing Address 3340 SUNBURST DR

City

BETTENDORF

State

IA

Zip Code

52722-8300

FEC ID number of contributing
federal political committee.

C

Name of Employer
BELLOWS ENGINEERS

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937236

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EDDIE BELTRAN

Mailing Address 13090 PARK ST

City

SANTA FE SPGS

State

CA

Zip Code

90670-4032

FEC ID number of contributing
federal political committee.

C

Name of Employer
METAL FINISHING

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952362

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MISS LOUELLA F. BENSON

Mailing Address P.O. BOX 11491

City

ALEXANDRIA

State

VA

Zip Code

22312

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918787

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MISS LOUELLA F. BENSON

Mailing Address P.O. BOX 11491

City

ALEXANDRIA

State

VA

Zip Code

22312

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937436

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MISS LOUELLA F. BENSON

Mailing Address P.O. BOX 11491

City

ALEXANDRIA

State

VA

Zip Code

22312

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12947167

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ELIZABETH P. BERGBOWER

Mailing Address 102 GLENMOOR CIRCLE S.

City

EASTON

State

PA

Zip Code

18045-2178

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937249

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. RAQUEL A. BERGESEN

Mailing Address 45 HAMAR ST

City

PLEASANT HILL

State

CA

Zip Code

94523-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
CROWN DENTAL STUDIO

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945818

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. PEGGY BERGMANN

Mailing Address 8879 N PROMONTORY RANCH ROAD

City

PARK CITY

State

UT

Zip Code

84098

FEC ID number of contributing
federal political committee.

C

Name of Employer
DELTA PEGASUS LLC

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949605

Amount of Each Receipt this Period

260.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. KEVIN BERKEL

Mailing Address 2092 S. SHERWOOD DR.

City

VALDOSTA

State

GA

Zip Code

31602

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCG, INC.

Occupation
HEALTH TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934948

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DUDLEY J. BERTRAND

Mailing Address 111 DUPONT CIR

City

WEST MONROE

State

LA

Zip Code

71291-4715

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931563

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARION W. BIENVENU

Mailing Address 907 HARLING LANE

City

NATCHITOCHES

State

LA

Zip Code

71457-5219

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945546

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. J. D. BILDERBACK

Mailing Address 2128 WILSON AVENUE

City

LOVELAND

State

CO

Zip Code

80538-3443

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916066

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GENE R. BIRDWELL

Mailing Address 13111 PARADISE VALLEY DR

City

HOUSTON

State

TX

Zip Code

77069-2528

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIDWELL CONSTRUCTION

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916706

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD A. BIXLER JR, JR.

Mailing Address 85 S HARRISON ST

City

BEVERLY HILLS

State

FL

Zip Code

34465-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer
SYNERGETIC DESIGN

Occupation

ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934846

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RONALD C. BLACK

Mailing Address P.O. BOX 731

City

JUNE LAKE

State

CA

Zip Code

93529-0731

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

RESORT OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931278

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD D. BLINCOE

Mailing Address 211 S. 700 W.

City

HEYBURN

State

ID

Zip Code

83336-9752

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939727

Amount of Each Receipt this Period

209.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

609.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOE BLOOM

Mailing Address 41 TOWN HOUSE RD

City

BROOKSVILLE

State

ME

Zip Code

04617-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12946372

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN BLOXOM

Mailing Address 9481 COUNTY ROAD 154

City

BRECKENRIDGE

State

TX

Zip Code

76424-8997

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12929960

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GERALD E. BOMAN

Mailing Address PO BOX 388

City

PALM CITY

State

FL

Zip Code

34991-0388

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12944137

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JON BOONE

Mailing Address 4400 MEMORIAL DRIVE
APARTMENT 1231

City State Zip Code
HOUSTON TX 77007-7382

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932307

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE BORGERDING

Mailing Address P.O. BOX 189

City State Zip Code
BELGRADE MN 56312-0189

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941431

Amount of Each Receipt this Period

450.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CHIEF RICHARD J. BOSTED

Mailing Address 4751 PLEASANT OAK DRIVE

City State Zip Code
FORT COLLINS CO 80525-3776

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940724

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. SHARRON BOUR

Mailing Address 234 OAKDALE LOOP

City

HOUMA

State

LA

Zip Code

70360-5929

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIANS MEDICAL HOSPIT-
AL

Occupation

NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12917826

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. C. A. BOYD

Mailing Address P.O. BOX 1013

City

LIVINGSTON

State

AL

Zip Code

35470-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945344

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DARRELL H. BOYD

Mailing Address 6816 CHEYENNE CIRCLE

City

MINNEAPOLIS

State

MN

Zip Code

55439-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12943082

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. JUANITA BOYD

Mailing Address 527 GAME FARM ROAD

City

RUTLEDGE

State

TN

Zip Code

37861-4239

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916281

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. BARBARA A. BOYLE

Mailing Address 1299 BRIARWOOD DRIVE
APARTMENT 329

City

SAN LUIS OBISPO

State

CA

Zip Code

93401-5978

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931556

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN E. BRANCH

Mailing Address 11 APPLE TREE LN

City

SAINT LOUIS

State

MO

Zip Code

63124-1601

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTERSTATE CLEANING CORP.

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945473

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE E. BRANDSMA

Mailing Address 1303 SHADY CREEK DR.

City

EULESS

State

TX

Zip Code

76040-5957

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930174

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WOOD A. BREAZEALE

Mailing Address 111 WHITCOMB RD.

City

LAFAYETTE

State

LA

Zip Code

70503-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953255

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES E. BREENE

Mailing Address P.O. BOX 293

City

OIL CITY

State

PA

Zip Code

16301-0293

FEC ID number of contributing
federal political committee.

C

Name of Employer
D.V.I., INC.

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12913959

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ERROL H. BRICK

Mailing Address 230 PARK AVE
RM 1154

City

NEW YORK

State

NY

Zip Code

10169-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
KILLARNEY ADVISORS, INC.

Occupation

FINANCIAL CONSULTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934852

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. IRA B. BROWN

Mailing Address 121 N POST OAK LN
APT 2803

City

HOUSTON

State

TX

Zip Code

77024-7781

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944684

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH P. BROWN

Mailing Address 15 PINECREST RD

City

THOUSAND OAKS

State

CA

Zip Code

91361-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12946691

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. A. MITCHELL BURFORD, JR.

Mailing Address 652 HOWELL ST

City

FLORENCE

State

AL

Zip Code

35630-3537

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932341

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES W. BURGESS

Mailing Address 15445 GLACIER HIGHWAY

City

JUNEAU

State

AK

Zip Code

99801-8439

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12926988

Amount of Each Receipt this Period

105.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES H. BURKE

Mailing Address 330 MARY LANE

City

PIERRE

State

SD

Zip Code

57501-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12947538

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

705.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. NORMAN R. BURKE

Mailing Address 1504 E. WOODSTONE DRIVE

City

HAYDEN

State

ID

Zip Code

83835-7218

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927776

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. NORMAN R. BURKE

Mailing Address 1504 E. WOODSTONE DRIVE

City

HAYDEN

State

ID

Zip Code

83835-7218

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930512

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. NORMAN R. BURKE

Mailing Address 1504 E. WOODSTONE DRIVE

City

HAYDEN

State

ID

Zip Code

83835-7218

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12933165

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARY E. BURRESCIA

Mailing Address 13307 N LAKEWOOD DR

City

MEQUON

State

WI

Zip Code

53097-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12915671

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN R. BURROWS

Mailing Address 2601 E TERRA LN

City

O FALLON

State

MO

Zip Code

63366-4435

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF STORAGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 9

Transaction ID: SA11.12936604

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES C. BUSACCA

Mailing Address 49 HEARTHSTONE BLVD

City

PEMBERTON

State

NJ

Zip Code

08068-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer
HUBBELL CORP/PROGRESS LIGH-
TING

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939250

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD BUSSELL

Mailing Address 13170 CENTRAL AVE SE
SUITE B174

City State Zip Code
ALBUQUERQUE NM 87123-5549

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIR FORCE

Occupation
CIVIL SERVANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11.12933091

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT L. CARREL

Mailing Address P.O. BOX 578

City State Zip Code
BONHAM TX 75418-0578

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12960595

Amount of Each Receipt this Period

750.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID CARTE

Mailing Address 1709 GOOSE CREEK CT

City State Zip Code
RAYMORE MO 64083-9098

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORPS OF ENGINEERS

Occupation
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934922

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CALVIN R. CARVR, SR.

Mailing Address 105 STEWART RD

City

SHORT HILLS

State

NJ

Zip Code

07078-1923

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12942791

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES D. CASH

Mailing Address 6387B CAMP BOWIE BLVD
STE 221

City

FORT WORTH

State

TX

Zip Code

76116-5423

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPUTER SCIENCES CORP.

Occupation
SENIOR COMPUTER SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934832

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH CASSARA

Mailing Address 989 TERRACE DR

City

LOS ALTOS

State

CA

Zip Code

94024-5938

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12941183

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MICHAEL R. CASSIDY

Mailing Address P.O. BOX 6817

City

HOLLISTON

State

MA

Zip Code

01746-6817

FEC ID number of contributing
federal political committee.

C

Name of Employer
TOWN OF HOLLISTON

Occupation

FIRE CHIEF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 9

Transaction ID: SA11.12936607

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL W. CASTLE, SR.

Mailing Address 725 GULF SHORE DR.
#1002B

City

DESTIN

State

FL

Zip Code

32541-5450

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROGRESSIVE PIPELINE, INC.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11.12936557

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MARIOS CAVADIAS

Mailing Address 101 OVERLOOK DRIVE

City

SANTA CRUZ

State

CA

Zip Code

95060-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12934526

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HARVEY J. CHAMBERLAIN

Mailing Address 9071 FAIRBANKS LN.
APT 2

City State Zip Code
BOCA RATON FL 33496-6655

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12928522

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. JOVITA A. CHASE

Mailing Address 3230 INTERNATIONAL BOULEVARD

City State Zip Code
BROWNSVILLE TX 78521-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROWNSVILLE COFFEE SHOP
#2, IN

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12928763

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RAYMOND H. CHERRINGTON

Mailing Address 621 MILWAUKEE AVENUE

City State Zip Code
ORANGE PARK FL 32073-5432

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3559.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916657

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RAYMOND H. CHERRINGTON

Mailing Address 621 MILWAUKEE AVENUE

City

ORANGE PARK

State

FL

Zip Code

32073-5432

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3559.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934887

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES I.C. CHIANG

Mailing Address 27 COCA

City

FOOTHILL RANCH

State

CA

Zip Code

92610

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949216

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. CINDY S. CLARK

Mailing Address 4340 E WAIOLA LOOP

City

KIHEI

State

HI

Zip Code

96753-8452

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12949592

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GEORGE E. CLARK

Mailing Address 11195 N CARDINAL DR

City

PARKER

State

CO

Zip Code

80138-7953

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHARLES WESTERN AUTO RECY-
CLING

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941654

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. NANCY L. CLARK

Mailing Address 570 GLENWOOD ROAD

City

PASCO

State

WA

Zip Code

99301-8661

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12955192

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. CLEARY

Mailing Address 1607 DORCHESTER DRIVE

City

NICHOLS HILLS

State

OK

Zip Code

73120-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLEARY PETROLEUM CORP.

Occupation

OIL & GAS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12929219

Amount of Each Receipt this Period

11.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

361.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ELEANOR COBB

Mailing Address 131 S. VISTA STREET

City

LOS ANGELES

State

CA

Zip Code

90036-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12935807

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ELEANOR COBB

Mailing Address 131 S. VISTA STREET

City

LOS ANGELES

State

CA

Zip Code

90036-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12943159

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. BARBARA W. COCHRAN

Mailing Address 4330 HIGHBORNE DR NE

City

MARIETTA

State

GA

Zip Code

30066-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INSURANCE/FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12954985

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. AUGUSTUS V. COE

Mailing Address 2207 HIGHWAY 35 NORTH
SUITE C184City State Zip Code
ROCKPORT TX 78382-6207FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12935289

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROY C. COFFEE, III

Mailing Address 4607 CONNECTICUT AVENUE NW
APARTMENT 610City State Zip Code
WASHINGTON DC 20008-5745FEC ID number of contributing
federal political committee.**C**Name of Employer
LOCKE LORD STRATEGIES

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949213

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES A. COLLIER

Mailing Address 518 YOUNG ST

City State Zip Code
HAVRE DE GRACE MD 21078-3450FEC ID number of contributing
federal political committee.**C**Name of Employer
PENN'S BEACH MARINA REPAIR
SER

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12919008

Amount of Each Receipt this Period

309.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2959.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVE C. CONRAD

Mailing Address 25360 BECKY LN

City

LOS ALTOS HILLS

State

CA

Zip Code

94022-4586

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Transaction ID: SA11.12952111

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. SHERIDAN CORNETT

Mailing Address 2655 CEDARMORE ROAD

City

BAGDAD

State

KY

Zip Code

40003-7083

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	9

Transaction ID: SA11.12935002

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MICHAEL A. COSGROVE

Mailing Address 15 W. 53RD STREET
#11G

City

NEW YORK

State

NY

Zip Code

10019-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	0	9

Transaction ID: SA11.12934439

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DONALD W. COWART

Mailing Address 2646 HIDDEN RIDGE DR

City

ARLINGTON

State

TX

Zip Code

76006-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPIRIT INTL. INC.

Occupation

SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944664

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. NORMAN W. CRAWFORD

Mailing Address 2148 CREGLOW DR

City

JACKSON

State

MI

Zip Code

49203-3814

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941877

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH R. CREIGHTON

Mailing Address 1333 ARBOL GRANDE CIR

City

PORT ORANGE

State

FL

Zip Code

32129-9108

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12941208

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH R. CREIGHTON

Mailing Address 1333 ARBOL GRANDE CIR

City

PORT ORANGE

State

FL

Zip Code

32129-9108

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12946284

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. JAMES E. DAVIA

Mailing Address 1200 E. BROAD
ROOM 529

City

RICHMOND

State

VA

Zip Code

23298-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer
VIRGINIA COMMONWEALTH UNI-
VERSITYOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953759

Amount of Each Receipt this Period

209.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JOHNNYE M. DAVIS

Mailing Address 2541 PALO VERDE DRIVE

City

ODESSA

State

TX

Zip Code

79762

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHEASANT RUBBER COMPANYOccupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12949224

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10709.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARILYN DAVIS

Mailing Address 4712 QUAIL CREEK DRIVE

City

GREAT BEND

State

KS

Zip Code

67530-6836

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.D. DRILLING, INC.

Occupation

PRODUCTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944819

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ELIZABETH G. DEAL

Mailing Address 3900 ARBOR WAY

City

CHARLOTTE

State

NC

Zip Code

28211-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12946321

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES T. DEARY

Mailing Address 1444 N. WOODHOUSE ROAD

City

VIRGINIA BCH

State

VA

Zip Code

23454-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12933943

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID H. DECKER

Mailing Address 6427 BELLHURST CT.

City

CASTRO VALLEY

State

CA

Zip Code

94552-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927248

Amount of Each Receipt this Period

225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PETER F. DECKER

Mailing Address 5327 EDMONDSON AVENUE

City

DALLAS

State

TX

Zip Code

75209-5903

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12934471

Amount of Each Receipt this Period

360.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PETER F. DECKER

Mailing Address 5327 EDMONDSON AVENUE

City

DALLAS

State

TX

Zip Code

75209-5903

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953681

Amount of Each Receipt this Period

11.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

596.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DONALD L. DETWILER

Mailing Address 233 STONEHEDGE ROAD

City

HOLLIDAYSBURG

State

PA

Zip Code

16648-3119

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW ENTERPRISE STONE & LI-
ME COMPANY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12934431

Amount of Each Receipt this Period

7200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA B. DETWILER

Mailing Address 186 ARANDALE STREET

City

BEDFORD

State

PA

Zip Code

15522-9731

FEC ID number of contributing
federal political committee.

C

Name of Employer

ADVANCED MICRO SOLUTIONS

Occupation

ASSOCIATE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12934432

Amount of Each Receipt this Period

7200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PAUL I. DETWILER, III

Mailing Address P.O. BOX 77

City

NEW ENTRPRISE

State

PA

Zip Code

16664-0077

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW ENTERPRISE STONE & LI-
ME CO., INC.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12934429

Amount of Each Receipt this Period

7200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

21600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 355

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA L. DICKERSON

Mailing Address 201 MYHR GRN

City

NASHVILLE

State

TN

Zip Code

37221-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12928608

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PAUL S. DOHERTY

Mailing Address 1034 DEL HARBOUR DRIVE

City

DELRAY BEACH

State

FL

Zip Code

33483-6510

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953914

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN K. DONAHUE

Mailing Address P.O. BOX 789

City

RIDGEFIELD

State

CT

Zip Code

06877-0789

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944578

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. HELEN D. DONNELL

Mailing Address 11605 NE 10TH AVENUE

City

BISCAYNE PARK

State

FL

Zip Code

33161-6721

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941505

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD D. DOUGHERTY

Mailing Address 1028 STEPHEN DR.

City

NICEVILLE

State

FL

Zip Code

32578-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952828

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. DOROTHY L. DOUMAKES

Mailing Address 99 OLD OAK ROAD

City

NORTH BARRINGTON

State

IL

Zip Code

60010-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927410

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EDWARD G. DOVEY, III

Mailing Address 145 CRESCENT ST

City

ELKHART

State

IN

Zip Code

46516-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMCAST

Occupation

CABLE SYSTEM TECH

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12938320

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ABBIE K. DRUMMOND

Mailing Address 501 GLEN OAKS DRIVE

City

JASPER

State

AL

Zip Code

35502

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949215

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. TOMMY E. DULANEY

Mailing Address 5805 WINDSOR CIRCLE

City

MERIDIAN

State

MS

Zip Code

39305-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
STRUCTURAL STEEL SERVICES,
INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952228

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FRANK DULCICH

Mailing Address P.O. BOX 97

City

CLACKAMAS

State

OR

Zip Code

97015-0097

FEC ID number of contributing
federal political committee.

C

Name of Employer
PACIFIC SEAFOOD GROUP

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12942552

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JILL DULCICH

Mailing Address P.O. BOX 97

City

CLACKAMAS

State

OR

Zip Code

97015-0097

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12942553

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ERIC DULITZ

Mailing Address 2516 J ST

City

ORD

State

NE

Zip Code

68862-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer
STONEWELL BRYANT

Occupation

BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12935486

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DONALD D. DUNCKLEE

Mailing Address 10669 PELICAN DR

City

WELLINGTON

State

FL

Zip Code

33414-6160

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12946076

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. TERRY F. DYNES

Mailing Address 830 W. LAKEVIEW DRIVE

City

BONITA SPGS

State

FL

Zip Code

34134-7425

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12942924

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WALTER J. EBERSOLE

Mailing Address 2765 MOUNTAIN VIEW DRIVE
APT 208

City

LA VERNE

State

CA

Zip Code

91750-4375

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12942028

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RAY D. EDWARDS

Mailing Address 72201 COUNTRY CLUB DR
TAVILL 133

City State Zip Code
RANCHO MIRAGE CA 92270-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12951728

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. DEBORAH D. ELIAS

Mailing Address 220 HIALEAH

City State Zip Code
BOONE NC 28607-7954

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

BUSINESS OWNER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12933979

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT V. ELLIOTT

Mailing Address P.O. BOX G.

City State Zip Code
LAWRENCEBURG TN 38464-0138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ELLIOTT AND ASSOCIATES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INSURANCE

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944332

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES M. ERICKSON

Mailing Address P.O. BOX 25907

City

FAYETTEVILLE

State

NC

Zip Code

28314-5015

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12955013

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RAY H. EUBANK

Mailing Address 4600 GREENVILLE AVE
STE 106

City

DALLAS

State

TX

Zip Code

75206-5036

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
OIL AND GAS EXPLORATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927996

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID B. EVANS

Mailing Address 9131 EAST VALLEY VIEW LANE

City

SAN ANTONIO

State

TX

Zip Code

78217

FEC ID number of contributing
federal political committee.

C

Name of Employer
PMI STEEL PIPE

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 9

Transaction ID: SA11.12936694

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. SAMUEL J. FAIELLO

Mailing Address 7 SANDY RIDGE ROAD

City

STOCKTON

State

NJ

Zip Code

08559-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAORE WATER COMPANY

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12935812

Amount of Each Receipt this Period

375.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD FAIN

Mailing Address 700 ARVIDA PARKWAY

City

CORAL GABLES

State

FL

Zip Code

33156-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARIBBEAN CRUISE LINES

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12942538

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RANDALL E. FALCK

Mailing Address 8049 WHISPER LAKE LANE W.

City

PONTE VEDRA

State

FL

Zip Code

32082-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12926870

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LAWRENCE L. FARGHER

Mailing Address 830 KIELY BLVD
STE 200

City State Zip Code
SANTA CLARA CA 95051-5373

FEC ID number of contributing
federal political committee.

C

Name of Employer
REALCOM ASSOCIATES

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12942626

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CURLEY L. FAULK

Mailing Address 2301 KEENE DRIVE

City State Zip Code
SULPHUR LA 70663-7209

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918862

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD FELTON

Mailing Address 54 MILLAY PLACE

City State Zip Code
MILL VALLEY CA 94941-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12926440

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LESTER D. FINDLEY

Mailing Address 12119 SALT RIVER VALLEY LANE

City

HUMBLE

State

TX

Zip Code

77346-2965

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918033

Amount of Each Receipt this Period

105.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RAYMOND N. FINK

Mailing Address P.O. BOX 134

City

WILLIAMSTON

State

MI

Zip Code

48895-0134

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12919151

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN L. FINLEY

Mailing Address 6937 COZUMEL COURT
UNIT N7

City

LAND O LAKES

State

FL

Zip Code

34637-7812

FEC ID number of contributing
federal political committee.

C

Name of Employer
BUCK FINLEY MUSIC

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918032

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. THERESA FITZGERALD

Mailing Address 7610 MISTY WOODS COURT

City

MORROW

State

OH

Zip Code

45152-7160

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939321

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. SAMUEL FITZPATRICK

Mailing Address 11523 BURR OAK LN

City

BURR RIDGE

State

IL

Zip Code

60527-8010

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITRIN SERVICES COMPANY

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12935180

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BILL FLETEMEYER

Mailing Address 205 AVENUE I
STE 1

City

REDONDO BEACH

State

CA

Zip Code

90277-5619

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAR MARKETING

Occupation
SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12923413

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. JOAN D. FRANCIS

Mailing Address 1275 PILGRIM DR

City

EDWARDS

State

CO

Zip Code

81632-8004

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12929187

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HOWARD FRANK

Mailing Address 445 GRAND BAY DRIVE 1211

City

KEY BISCAVNE

State

FL

Zip Code

33149

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12942540

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. NATALIE FREDRICKSON

Mailing Address 2557 LANCER PL.

City

WALLA WALLA

State

WA

Zip Code

99362-9204

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12935599

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RUSSELL F. FREEMAN

Mailing Address P.O. BOX 918

City

GARDEN CITY

State

KS

Zip Code

67846-0918

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12943242

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PAUL M. FRISON

Mailing Address 102 N. WYNDEN ESTATES COURT

City

HOUSTON

State

TX

Zip Code

77056-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOUSTON TECHNOLOGY CENTER

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930314

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JOAN FUSSELMAN

Mailing Address 105 BANDO COURT

City

ALAMO

State

CA

Zip Code

94507-2681

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937746

Amount of Each Receipt this Period

109.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

559.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. KATHARINE D. GAHAGAN

Mailing Address 601 SMITHS BRIDGE ROAD

City

WILMINGTON

State

DE

Zip Code

19807-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937396

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BOB W. GARTHWAIT, JR.

Mailing Address P.O. BOX 1367

City

WATERBURY

State

CT

Zip Code

06721-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944390

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SHERYLE GASPARINI

Mailing Address 4125 ROWAN DR

City

FORT WORTH

State

TX

Zip Code

76116-8067

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931643

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. SHERYLE GASPARINI

Mailing Address 4125 ROWAN DR

City

FORT WORTH

State

TX

Zip Code

76116-8067

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931813

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. SHERYLE GASPARINI

Mailing Address 4125 ROWAN DR

City

FORT WORTH

State

TX

Zip Code

76116-8067

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12942059

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. LAVERN N. GAYNOR

Mailing Address 266 15TH AVE S

City

NAPLES

State

FL

Zip Code

34102-7433

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952567

Amount of Each Receipt this Period

450.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RALPH H. GEIER

Mailing Address 805 SCHOOL RD NW
APT 105

City State Zip Code
HUTCHINSON MN 55350-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939288

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES M. GERLACH

Mailing Address 625 ST. AUGUSTINE AVENUE

City State Zip Code
DAVENPORT FL 33897

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12935216

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. J. CHRISTOPHER GIANCARLO

Mailing Address 165 MYRTLE STREET

City State Zip Code
HAWORTH NJ 07641-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12934440

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES GIDWITZ

Mailing Address 225 W. WACKER DRIVE

City

CHICAGO

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONTINENTAL MATERIALS COR-
PORATION

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12934448

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RONALD J. GIDWITZ

Mailing Address 225 W WACKER DRIVE
SUITE 1800

City

CHICAGO

State

IL

Zip Code

60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
G.C.G. PARTNERS

Occupation
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12934446

Amount of Each Receipt this Period

27500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAKE B. GIESBRECHT

Mailing Address HC 4 BOX 143-1

City

SEMINOLE

State

TX

Zip Code

79360-9306

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12917390

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. CAMERON GILBERT

Mailing Address 5989 E 200 S

City

KNOX

State

IN

Zip Code

46534-7302

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOCTORS HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12915125

Amount of Each Receipt this Period

400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. SHIRLEY M. GILDAY

Mailing Address 5900 64TH ST NE
UNIT 195

City

MARYSVILLE

State

WA

Zip Code

98270-4854

FEC ID number of contributing
federal political committee.

C

Name of Employer
DSHS FIREREST

Occupation
RN SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953750

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. VETA GILLENWATERS

Mailing Address P.O. BOX 8459

City

SEMINOLE

State

FL

Zip Code

33775-8459

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918922

Amount of Each Receipt this Period

55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

755.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. DENA C. GILSDORF

Mailing Address 499 ROLLING HILLS DRIVE

City

SAINT GEORGE

State

UT

Zip Code

84770-6111

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12954011

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MARTIN GINDOFF

Mailing Address 1107 POINTE GATE DR

City

LIVINGSTON

State

NJ

Zip Code

07039-1785

FEC ID number of contributing
federal political committee.

C

Name of Employer
TOPCO INC.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939679

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. PATRICIA GISSELBERG

Mailing Address 6924 CAPITOL ST

City

GROVES

State

TX

Zip Code

77619-6405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MANAGED CARE PRODUCTS

Occupation
SR. VP OF PRODUCTS AND SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941990

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ANN GLENDINNING

Mailing Address 318 S. BEACH ROAD

City

HOBE SOUND

State

FL

Zip Code

33455-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945298

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MICHAEL A. GOOCH

Mailing Address 55 WATER STREET
28TH FLOOR

City

NEW YORK

State

NY

Zip Code

10041

FEC ID number of contributing
federal political committee.

C

Name of Employer
GFI GROUP INC

Occupation
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12934438

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. DENISE GOODMAN

Mailing Address 79520 VIA SIN CUIDADO

City

LA QUINTA

State

CA

Zip Code

92253-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
COUNTRY WIDE HOME LOANS

Occupation
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12941124

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BYFIELD D. GORDON

Mailing Address 1117 SANTA ANA AVENUE SE

City

ALBUQUERQUE

State

NM

Zip Code

87123-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932434

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE H. GORDON

Mailing Address 40 PEARL ST NW
STE 807

City

GRAND RAPIDS

State

MI

Zip Code

49503-3031

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12943853

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CUTHBERT P. GORMAN, JR.

Mailing Address 9545 TAMARACK DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46260-1295

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12947232

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FRANK P. GREINKE

Mailing Address PO BOX 1258

City

TACOMA

State

WA

Zip Code

98401-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
SC FUELS

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12925126

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CAROL JANE GRIFFITH

Mailing Address 1173 CHERRY KNOLL DRIVE

City

SANDY

State

UT

Zip Code

84094-7318

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12928042

Amount of Each Receipt this Period

105.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CAROL JANE GRIFFITH

Mailing Address 1173 CHERRY KNOLL DRIVE

City

SANDY

State

UT

Zip Code

84094-7318

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12935937

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. SYLVIA GRIFFIN

Mailing Address 42 SADDLEBROOK GARDEN HOMES RD

City

LONDON

State

KY

Zip Code

40744-8226

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12944001

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. GRIMES

Mailing Address 7500 N. CALLE SIN ENVIDIA
APARTMENT 2201

City

TUCSON

State

AZ

Zip Code

85718-7352

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953222

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JUDITH DUSTIN GROESBECK

Mailing Address 20 VIA SAN FERNANDO

City

BEL TIBURON

State

CA

Zip Code

94920-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930007

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JUDITH DUSTIN GROESBECK

Mailing Address 20 VIA SAN FERNANDO

City

BEL TIBURON

State

CA

Zip Code

94920-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939480

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT A. GROSS

Mailing Address P.O. BOX 5212

City

HIGH POINT

State

NC

Zip Code

27262-5212

FEC ID number of contributing
federal political committee.

C

Name of Employer
GROSS VENEER SALES INC

Occupation

VENEER & PLYWOOD SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12929100

Amount of Each Receipt this Period

225.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CARR L. GUESS

Mailing Address 911 BERT DR

City

ARLINGTON

State

TX

Zip Code

76012-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARR GUESS ENTERPRISES

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934862

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JEAN ROBINSON GULLEY

Mailing Address 1026 TROUP HIGHWAY

City

TYLER

State

TX

Zip Code

75701-4407

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12929886

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE O. HAGGARD, III

Mailing Address 725 W. 2ND NORTH STREET

City

MORRISTOWN

State

TN

Zip Code

37814-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12926511

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JOANN HAGLUND

Mailing Address 2929 RIVER RD

City

MODESTO

State

CA

Zip Code

95351-4910

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12926633

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ERNESTO A. HAKIM

Mailing Address P.O. BOX 20826

City

RIO PIEDRAS

State

PR

Zip Code

00928-0826

FEC ID number of contributing
federal political committee.

C

Name of Employer
WINCOMP

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12933980

Amount of Each Receipt this Period

255.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HARRY J. HALEY

Mailing Address 156 W. BROADWAY
APARTMENT A.

City

PORT JEFFERSON

State

NY

Zip Code

11777-1343

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952844

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. KEVIN A. HALL

Mailing Address 31 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAPITOLMED

Occupation

OWNER/PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12925127

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2855.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID E. HALLBERG

Mailing Address 1405 RIO BEND COURT

City

GRAPEVINE

State

TX

Zip Code

76051-8801

FEC ID number of contributing
federal political committee.

C

Name of Employer
BNSF RAILWAY

Occupation

SALES MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12929680

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID E. HALLBERG

Mailing Address 1405 RIO BEND COURT

City

GRAPEVINE

State

TX

Zip Code

76051-8801

FEC ID number of contributing
federal political committee.

C

Name of Employer
BNSF RAILWAY

Occupation

SALES MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12934357

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GARY HALLMAN

Mailing Address 4070 FOX MEADOW DRIVE

City

MEDINA

State

OH

Zip Code

44256-7836

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916418

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HOWARD F. HAMMACK

Mailing Address 2122 GOLDEN EAGLE DRIVE W.

City

TALLAHASSEE

State

FL

Zip Code

32312-4036

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12933234

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HOWARD F. HAMMACK

Mailing Address 2122 GOLDEN EAGLE DRIVE W.

City

TALLAHASSEE

State

FL

Zip Code

32312-4036

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12943052

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT HAMPTON

Mailing Address 51071 STREAMWOOD DR

City

GRANGER

State

IN

Zip Code

46530

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12947788

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD HANEN

Mailing Address 2646 REGATTA LN

City

DAVIS

State

CA

Zip Code

95618-6410

FEC ID number of contributing
federal political committee.

C

Name of Employer
VINTAGE NEW WORLD, LLC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12946362

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. J. A. HANSEN

Mailing Address 95 SKIDAWAY ISLAND PARK RD
UNIT 50

City

SAVANNAH

State

GA

Zip Code

31411-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12943195

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. SHAWN F. HANSEN

Mailing Address 1018 GRAND OAK LANE
#3336

City

VIRGINIA BEACH

State

VA

Zip Code

23455-7213

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. NAVY

Occupation

MILITARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12947082

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. SHAWN F. HANSEN

Mailing Address 1018 GRAND OAK LANE
#3336City State Zip Code
VIRGINIA BEACH VA 23455-7213FEC ID number of contributing
federal political committee.**C**Name of Employer
U.S. NAVYOccupation
MILITARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12947422

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES A. HANTZ

Mailing Address 21748 N. 1365 EAST ROAD

City State Zip Code
DANVILLE IL 61834-5373FEC ID number of contributing
federal political committee.**C**Name of Employer
DANVILLE AREA COMMUNITY
COLLEGEOccupation
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12915421

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES A. HANTZ

Mailing Address 21748 N. 1365 EAST ROAD

City State Zip Code
DANVILLE IL 61834-5373FEC ID number of contributing
federal political committee.**C**Name of Employer
DANVILLE AREA COMMUNITY
COLLEGEOccupation
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927208

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1425.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PETER R. HARADER

Mailing Address 2100 S 260TH ST
APARTMENT N101

City State Zip Code
DES MOINES WA 98198-9045

FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S.D.A.

Occupation
P.P.Q. OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916416

Amount of Each Receipt this Period

35.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JIMMY HARDCASTLE

Mailing Address 5811 TED HOLT LANE

City State Zip Code
JACKSONVILLE AR 72076-8513

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12915155

Amount of Each Receipt this Period

101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RAY HARDY

Mailing Address RR 2 BOX 1080
FARM ROAD 353

City State Zip Code
SAN AUGUSTINE TX 75972-9517

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
LOGGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932353

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

436.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. BARBARA HARLOE

Mailing Address 234 LYNN STREET

City

HARRINGTON PARK

State

NJ

Zip Code

07640-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer
WORLD FINES FOODS, INC.

Occupation

EXECUTIVE FOOD INDUSTRY WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941429

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JIM HARRISON

Mailing Address 4921 KING RICHARDS ROW

City

MIDLAND

State

TX

Zip Code

79707-1582

FEC ID number of contributing
federal political committee.

C

Name of Employer
QUICK RETE

Occupation

SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11.12936342

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOE M. HATFIELD

Mailing Address 2336 FRED PITTS RD

City

CLARKESVILLE

State

GA

Zip Code

30523-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIELDALE FARMS INC

Occupation

EXEC VP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12942082

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARY HAUGHT

Mailing Address 2027 255TH ST

City

LOMITA

State

CA

Zip Code

90717-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930711

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. LEO J. HAVILAN

Mailing Address 6 LAKE HELIX DR.

City

LA MESA

State

CA

Zip Code

91941-4434

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RETIRED

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953287

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD J. HAYDINGER

Mailing Address 78 E. MAIN STREET

City

MARLTON

State

NJ

Zip Code

08053

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITED COMMUNITIES MANAGE-
MENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ESTATE OWNER/MANAGER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952372

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 355

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. T B. HAYWARD

Mailing Address 1223 SPRING STREET

City

SEATTLE

State

WA

Zip Code

98104-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931827

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. STEVEN HEATH

Mailing Address 12772 CAPTAINS CV

City

WOODBIDGE

State

VA

Zip Code

22192-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927556

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES W. HEDGES

Mailing Address 1500 MARINA BAY DR
BLDG 56A

City

CLEAR LAKE SHORES

State

TX

Zip Code

77565-2263

FEC ID number of contributing
federal political committee.

C

Name of Employer
LONESTAR YACHT SALES

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932608

Amount of Each Receipt this Period

209.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

609.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. MARGARET B. HEERS

Mailing Address 1290 N. APPLGATE AVENUE

City

FRESNO

State

CA

Zip Code

93727-9770

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927277

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID HEFFLEBOWER

Mailing Address 850 66TH AVE

City

VERO BEACH

State

FL

Zip Code

32966-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932473

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS HENDRICKSON

Mailing Address 180 EDMONT ROAD

City

MAYSVILLE

State

KY

Zip Code

41056

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12942558

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FRED L. HENDRYX

Mailing Address 1335 BLACKHORSE RUN

City

LEBANON

State

OH

Zip Code

45036-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12936730

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES C. HENRY, JR.

Mailing Address 683 ANNEMORE LN

City

NAPLES

State

FL

Zip Code

34108-7520

FEC ID number of contributing
federal political committee.

C

Name of Employer
E. P. HENRY CORPORATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CEO

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930324

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES S. HERR

Mailing Address P.O. BOX 300

City

NOTTINGHAM

State

PA

Zip Code

19362-0300

FEC ID number of contributing
federal political committee.

C

Name of Employer
HERR FOODS INC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12934465

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CHET HERREN

Mailing Address P.O. BOX 1352

City

PAWHUSKA

State

OK

Zip Code

74056

FEC ID number of contributing
federal political committee.

C

Name of Employer
CALVARY CONST

Occupation

OWNER/PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944676

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN L. HESS

Mailing Address 302 MEADOWLARK DR

City

RICHARDSON

State

TX

Zip Code

75080-1940

FEC ID number of contributing
federal political committee.

C

Name of Employer
FINANCIAL RESOURCE GROUP
LLC

Occupation

HEALTHCARE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12928523

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. C. W. HIGGINS

Mailing Address 11601 OAKMONT CT

City

FORT MYERS

State

FL

Zip Code

33908-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944609

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. STEVEN D. HILL

Mailing Address 1520 CASTLE WALL STREET

City

LAS VEGAS

State

NV

Zip Code

89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CALPORTLAND COMPANY

Occupation

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12942536

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN HIPSKIND

Mailing Address 3218 SCHILLING ST.

City

PERU

State

IN

Zip Code

46970-8733

FEC ID number of contributing
federal political committee.

C

Name of Employer
MW INDUSTRIES

Occupation

VICE PRESIDENT OF SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11.12934105

Amount of Each Receipt this Period

101.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN HIPSKIND

Mailing Address 3218 SCHILLING ST.

City

PERU

State

IN

Zip Code

46970-8733

FEC ID number of contributing
federal political committee.

C

Name of Employer
MW INDUSTRIES

Occupation

VICE PRESIDENT OF SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939373

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2701.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. LEONARD J. HITZ

Mailing Address 35272 MEADOW LN

City

FARMINGTON HILLS

State

MI

Zip Code

48335-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952788

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. TED P. HOELCK

Mailing Address P.O. BOX 146

City

GRAND ISLAND

State

NE

Zip Code

68802-0146

FEC ID number of contributing
federal political committee.

C

Name of Employer
HASTINGS GRAIN INSPECTION
INC.

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927070

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. R. H. HOFFMANN

Mailing Address 5146 BELDEN AVENUE
APARTMENT C2

City

DOWNERS GROVE

State

IL

Zip Code

60515-4766

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12915634

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROGER S. HOFFMAN

Mailing Address 1612 S. GOLF GLEN
UNIT F.

City

MADISON

State

WI

Zip Code

53704-8460

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916461

Amount of Each Receipt this Period

600.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DIARMUID M. HOGAN

Mailing Address 555 FIFTH AVENUE

City

NEW YORK

State

NY

Zip Code

10017

FEC ID number of contributing
federal political committee.

C

Name of Employer
GLOBAL EXCESS PARTNERS LLCOccupation
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 9

Transaction ID: SA11.12936669

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ANALYNN T. HOLLOWAY

Mailing Address 7277 BOCAGE BLVD.

City

BATON ROUGE

State

LA

Zip Code

70809-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953219

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAN HOLLOWAY

Mailing Address P.O. BOX 1607

City

ALBANY

State

GA

Zip Code

31702-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
MODERN GHS COMPANY, INC

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927615

Amount of Each Receipt this Period

205.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAN HOLLOWAY

Mailing Address P.O. BOX 1607

City

ALBANY

State

GA

Zip Code

31702-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
MODERN GHS COMPANY, INC

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12943251

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES HOLTZ

Mailing Address 13901 E MARINA DR
APT 209

City

AURORA

State

CO

Zip Code

80014-5504

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940594

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

705.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. KLARA HOLZER

Mailing Address 299 ARQUELLO BLVD
APT 302

City State Zip Code
SAN FRANCISCO CA 94118

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12947345

Amount of Each Receipt this Period

400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MABEL R. HOMZA

Mailing Address 902 PADGETT ROAD

City State Zip Code
PONCE DE LEON FL 32455-5971

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930505

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MABEL R. HOMZA

Mailing Address 902 PADGETT ROAD

City State Zip Code
PONCE DE LEON FL 32455-5971

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12936819

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MABEL R. HOMZA

Mailing Address 902 PADGETT ROAD

City

PONCE DE LEON

State

FL

Zip Code

32455-5971

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12936951

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. E. R. HOSTETTER

Mailing Address P.O. BOX 26

City

NORTH EAST

State

MD

Zip Code

21901-0026

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1299.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11.12934171

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD T. HOUGH

Mailing Address 913 BARCLAY CIRCLE

City

LAKE FOREST

State

IL

Zip Code

60045-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944591

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ANNA M. HOWARD

Mailing Address 6430 MILLIKIN RD

City

LIBERTY TOWNSHIP

State

OH

Zip Code

45044-9217

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11.12938833

Amount of Each Receipt this Period

375.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ANTHONY N. HOWE

Mailing Address PO BOX 59

City

ELLSWORTH

State

OH

Zip Code

44416-0059

FEC ID number of contributing
federal political committee.

C

Name of Employer
BGB

Occupation
FINANCIAL ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12933973

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. PETER R. HUESSY

Mailing Address 7526 CODDLE HARBOR LN

City

POTOMAC

State

MD

Zip Code

20854-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATIONAL DEFENSE UNIVERSI-
TY

Occupation
DEFENSE ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934837

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. LOIS HUMPHREY

Mailing Address 1512 LAWRENCE WAY

City

ANDERSON

State

IN

Zip Code

46013-5602

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916123

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. LOIS HUMPHREY

Mailing Address 1512 LAWRENCE WAY

City

ANDERSON

State

IN

Zip Code

46013-5602

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11.12932957

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. MARGIE HUNTER

Mailing Address 17 CHERRY LANE DRIVE

City

ENGLEWOOD

State

CO

Zip Code

80113-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12933344

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. GRAYCE HUSMAN

Mailing Address 3400 S MILLS RD

City

GUSTINE

State

CA

Zip Code

95322-9795

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918872

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CONSTANCE J. HUSSAR

Mailing Address 1708 TONYA TRAIL

City

NEENAH

State

WI

Zip Code

54956-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12942345

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ANITA HUTCHISON

Mailing Address P.O. BOX 728

City

PILOT ROCK

State

OR

Zip Code

97868-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932287

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. ANITA HUTCHISON

Mailing Address P.O. BOX 728

City

PILOT ROCK

State

OR

Zip Code

97868-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952045

Amount of Each Receipt this Period

40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. QUINN L. HUTCHINSON

Mailing Address P.O. BOX 313

City

LUKEVILLE

State

AZ

Zip Code

85341-0313

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12933583

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD HUTCHINSON

Mailing Address 2 GREY GULL ROAD

City

JAMESTOWN

State

RI

Zip Code

02835-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953552

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT HUTCHISON

Mailing Address 1716 PASEO DEL MAR

City

PALOS VERDES ESTAT

State

CA

Zip Code

90274-1854

FEC ID number of contributing
federal political committee.

C

Name of Employer
HUTCHISON CORP.

Occupation

GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12931185

Amount of Each Receipt this Period

550.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD HWANG

Mailing Address 9777 HARWIN DR.
STE. 206

City

HOUSTON

State

TX

Zip Code

77036-1710

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLOTHESMAX, LLC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940552

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. VINCENT IANNELLI

Mailing Address 149 78TH ST.

City

BROOKLYN

State

NY

Zip Code

11209-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer
IANNELY CMST. COMPANY, IN-
C.

Occupation

GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931360

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ALAN ISBELL

Mailing Address P.O. BOX 434

City

FLORENCE

State

TX

Zip Code

76527-0434

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

CONSTRUCTION WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12951775

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ELIZABETH IVEY

Mailing Address 1975 STOCKTON WALK LANE

City

SNELLVILLE

State

GA

Zip Code

30078-2376

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12915964

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ELIZABETH IVEY

Mailing Address 1975 STOCKTON WALK LANE

City

SNELLVILLE

State

GA

Zip Code

30078-2376

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12923058

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES E. JACKSON

Mailing Address P.O. BOX 538

City

DUBOIS

State

WY

Zip Code

82513-0538

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931243

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GLENN JAMBORETZ

Mailing Address 10 LINDWORTH DRIVE

City

SAINT LOUIS

State

MO

Zip Code

63124-1475

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930672

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. L. LEE JENNINGS

Mailing Address 15600 BEAR CUB CT.

City

SONORA

State

CA

Zip Code

95370-7937

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12936802

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

705.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. PATRICIA JESSE

Mailing Address 9 E 56TH ST

City

KANSAS CITY

State

MO

Zip Code

64113-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
POSTY CARDS INC.

Occupation
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12926967

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

COL. MYRON T. JOHNSTON, U.S.A. (RE

Mailing Address 105 OAKMONT CIRCLE

City

HARKER HEIGHTS

State

TX

Zip Code

76548-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932215

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

COL. MYRON T. JOHNSTON, U.S.A. (RE

Mailing Address 105 OAKMONT CIRCLE

City

HARKER HEIGHTS

State

TX

Zip Code

76548-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944812

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HERMAN JONES

Mailing Address PO BOX 264

City

RAPID CITY

State

SD

Zip Code

57709-0264

FEC ID number of contributing
federal political committee.

C

Name of Employer

FT HAYS DANCES WITH WOLF

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12939227

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HOWLAND B. JONES, JR.

Mailing Address 217 ESSEX MEADOWS

City

ESSEX

State

CT

Zip Code

06426-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932358

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HOWARD W. JONES, JR.

Mailing Address 8011 CREST DRIVE NE

City

SEATTLE

State

WA

Zip Code

98115-5217

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918707

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN P. JONES, JR.

Mailing Address 305 JEAN LAFITTE BLVD.

City

FERNANDINA

State

FL

Zip Code

32034-2258

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12943396

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. NANCY JONES

Mailing Address 222 JAMES RIVER DRIVE

City

NEWPORT NEWS

State

VA

Zip Code

23601-3618

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916385

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. SHAWN C. JONES

Mailing Address 8 W VALE

City

PADUCAH

State

KY

Zip Code

42001-6786

FEC ID number of contributing
federal political committee.

C

Name of Employer
PURCHASE DERM-ENTPLC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940631

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN F. JORDAN

Mailing Address 4111 DORMAN DRIVE
SUITE 215City State Zip Code
NASHVILLE TN 37215FEC ID number of contributing
federal political committee.**C**Name of Employer
NORTH AMERICAN HOLDING CO.Occupation
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12923487

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. LUCY JORDAN

Mailing Address 5362 CLEVELAND AVE
STE 248City State Zip Code
COLUMBUS OH 43231-4003FEC ID number of contributing
federal political committee.**C**Name of Employer
ABC HOME CARE NURSINGOccupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12942573

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. MAURICE J. JURKIEWICZ

Mailing Address 715 OLD POST ROAD NW

City State Zip Code
ATLANTA GA 30328-4758FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939316

Amount of Each Receipt this Period

90.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3090.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BOB KAMMERER

Mailing Address 81755 GOLDEN STAR WAY

City

LA QUINTA

State

CA

Zip Code

92253-9369

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927401

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BOB KAMMERER

Mailing Address 81755 GOLDEN STAR WAY

City

LA QUINTA

State

CA

Zip Code

92253-9369

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12942812

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. DANIEL KANE

Mailing Address 4302 ALTON RD
STE 740

City

MIAMI BEACH

State

FL

Zip Code

33140-2891

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12939128

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. KASTNER

Mailing Address 2346 FURMAN DR

City

CHARLESTON

State

SC

Zip Code

29414-7021

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12929495

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN R. KEANE

Mailing Address 33 ELLSWORTH AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10312-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918319

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HENRY C. KEENE, JR.

Mailing Address 2051 SEA LEVEL DRIVE
APARTMENT 305

City

KETCHIKAN

State

AK

Zip Code

99901-6068

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEENE & CURRALL, P.C.

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12955311

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BRIAN KELLEY

Mailing Address P.O. BOX 3995

City

CORDELE

State

GA

Zip Code

31010-3995

FEC ID number of contributing
federal political committee.

C

Name of Employer
AG TECHNOLOGIES LLCOccupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941683

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. BETH F. KELLY

Mailing Address 47464 MAROC CIRCLE

City

PALM DESERT

State

CA

Zip Code

92260-5817

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12936950

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH KENNEALLY

Mailing Address 6 WELLSRING RD
UNIT C

City

BIDDEFORD

State

ME

Zip Code

04005-9415

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939708

Amount of Each Receipt this Period

259.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

709.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOE D. KENWORTHY

Mailing Address 3800 W. 71ST STREET
APARTMENT 2111City State Zip Code
TULSA OK 74132-2154FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12917691

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM T. KIDD

Mailing Address 6505 MATLOCK ROAD

City State Zip Code
GRANBURY TX 76049-6322FEC ID number of contributing
federal political committee.**C**Name of Employer
U S GOVT.Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12915714

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM T. KIDD

Mailing Address 6505 MATLOCK ROAD

City State Zip Code
GRANBURY TX 76049-6322FEC ID number of contributing
federal political committee.**C**Name of Employer
U S GOVT.Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11.12934052

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JUDITH KINDRED

Mailing Address 10291 W. HIGHWAY 40

City

OCALA

State

FL

Zip Code

34482-2567

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916490

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JUDITH KINDRED

Mailing Address 10291 W. HIGHWAY 40

City

OCALA

State

FL

Zip Code

34482-2567

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12942897

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ELSIE M. KING

Mailing Address 1721 BANNISTER ROAD

City

ANCHORAGE

State

AK

Zip Code

99508-4020

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12934643

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 355

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. SUSAN KING

Mailing Address PO BOX 521

City

VISALIA

State

CA

Zip Code

93279-0521

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

DENTAL HYGENIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12923426

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PAUL SPRAGUE KINGSBURY

Mailing Address 7378 BUCKINGHAM CT

City

BOULDER

State

CO

Zip Code

80301-6410

FEC ID number of contributing
federal political committee.

C

Name of Employer
TAAD INDUSTRIES INC.

Occupation

CHAIRMAN & CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937657

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MISS IVONNE R. KISZKO

Mailing Address 3967 STREAMWOOD CT

City

AUBURN HILLS

State

MI

Zip Code

48326-1882

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRITTENON HOSPITAL

Occupation

NURSE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12935389

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID KLASSEN

Mailing Address HC 2

BOX 165

City

SEMINOLE

State

TX

Zip Code

79360-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12928526

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD C. KLEIN

Mailing Address 33800 JACKSON ROAD

#101

City

CHAGRIN FALLS

State

OH

Zip Code

44022-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
NASTEC INC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SOLE PRACTITIONER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927753

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JAMES KLIMA

Mailing Address 1206 WINDSOR AVE.

City

LONGWOOD

State

FL

Zip Code

32750-6245

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12915080

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. JAMES KLIMA

Mailing Address 1206 WINDSOR AVE.

City

LONGWOOD

State

FL

Zip Code

32750-6245

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12938946

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RUDOLPH J. KOLACI

Mailing Address 13-01 POLLITT DR

City

FAIR LAWN

State

NJ

Zip Code

07410-2750

FEC ID number of contributing
federal political committee.

C

Name of Employer
TOTALCOMP SCALES & COMPON-
ENTS

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12946200

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GUENTER KORALLUS

Mailing Address 288 HOLIDAY DR.

City

SOMONAUK

State

IL

Zip Code

60552-9696

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941956

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. KEVIN KOVANDA

Mailing Address 847 MAXFIELD ROAD

City

HARTLAND

State

MI

Zip Code

48353

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN CHEMICAL TECHNOL-
OGIES, INC.

Occupation

EXECUTIVE/OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934942

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DANIEL A. KRAFT

Mailing Address 19330 WINESAP RD.
UNIT 4

City

BOTHELL

State

WA

Zip Code

98012-7029

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953332

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DANIEL A. KRAFT

Mailing Address 19330 WINESAP RD.
UNIT 4

City

BOTHELL

State

WA

Zip Code

98012-7029

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953868

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT S. KRAMER

Mailing Address 1233 N GULFSTREAM AVE.
UNIT 200

City State Zip Code
SARASOTA FL 34236-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12926684

Amount of Each Receipt this Period

1125.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT S. KRAMER

Mailing Address 1233 N GULFSTREAM AVE.
UNIT 200

City State Zip Code
SARASOTA FL 34236-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939552

Amount of Each Receipt this Period

1125.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RONALD J. KRAMER

Mailing Address 2970 N LAKE SHORE DR
APT 6B

City State Zip Code
CHICAGO IL 60657-5783

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEYSERTH SHAW

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12941191

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. KENNETH S. KUBE

Mailing Address 3142 STEIN RD.

City

BAD AXE

State

MI

Zip Code

48413-8412

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918735

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES L. KUHN

Mailing Address P.O. BOX 809

City

CLARENDON

State

TX

Zip Code

79226-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12954722

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. FREDERICK W. KUPPENS

Mailing Address P.O. BOX 227

City

INTERVALE

State

NH

Zip Code

03845-0227

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940432

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. LOUISE LAMARRE

Mailing Address 1320 COASTAL DR

City

ROCKWALL

State

TX

Zip Code

75087-3190

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTH CARE MEDICAL ASSOC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12939854

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GERALD W. LANDIS

Mailing Address 14 MARCH WINDS CT

City

GREER

State

SC

Zip Code

29650-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12917997

Amount of Each Receipt this Period

129.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ILONA I. LANEY

Mailing Address 133 LANTANA DRIVE

City

KENNETT SQUARE

State

PA

Zip Code

19348-1568

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952096

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

479.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ALFRED LANG

Mailing Address 2390 VIRGINIA STREET

City

PARK RIDGE

State

IL

Zip Code

60068-2268

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12938466

Amount of Each Receipt this Period

75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOSHUA M. LANKFORD

Mailing Address P.O. BOX 626

City

POCOMOKE CITY

State

MD

Zip Code

21851-0626

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12933277

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSHUA M. LANKFORD

Mailing Address P.O. BOX 626

City

POCOMOKE CITY

State

MD

Zip Code

21851-0626

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937099

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PETER C. LARDNER

Mailing Address 2828 96TH AVENUE CT

City

MILAN

State

IL

Zip Code

61264-3549

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEE ENTERPRISES, INC

Occupation
SYSTEMS ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923115

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. LAW

Mailing Address 452 TEMPLE CANYON PL

City

HENDERSON

State

NV

Zip Code

89074-5731

FEC ID number of contributing
federal political committee.

C

Name of Employer
PACHYDERM SETTLEMENTS, IN-
C.

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937655

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. PATRICIA A. LAW

Mailing Address 452 TEMPLE CANYON PL

City

HENDERSON

State

NV

Zip Code

89074-5731

FEC ID number of contributing
federal political committee.

C

Name of Employer
PACHYDERM SETTLEMENTS, IN-
C.

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12943227

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. JANICE W. LAWS

Mailing Address 2140 BRACKENSHIRE CIRCLE

City

JACKSON

State

MS

Zip Code

39211-5836

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

Transaction ID: SA11.12918992

Amount of Each Receipt this Period

259.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. THOMAS H. LAYNE

Mailing Address P.O. BOX 746

City

RIPLEY

State

WV

Zip Code

25271-0746

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

Transaction ID: SA11.12941447

Amount of Each Receipt this Period

230.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. KARL O. LEE

Mailing Address 1912 12TH AVENUE SE

City

ABERDEEN

State

SD

Zip Code

57401-7319

FEC ID number of contributing
federal political committee.

C

Name of Employer
K. O. LEE CO.Occupation
VICE PRES - DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	9

Transaction ID: SA11.12940256

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

739.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT E. LETTERMAN

Mailing Address 136 SE BATTERY PT

City

LEES SUMMIT

State

MO

Zip Code

64063-1070

FEC ID number of contributing
federal political committee.

C

Name of Employer
LETTERMAN & CO.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12934373

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HERBERT A. LEVIN

Mailing Address 1239 IDLEWOOD ROAD

City

GLENDALE

State

CA

Zip Code

91202-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPARTMENT OF JUSTICE/STA-
TE OF

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941972

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. HERBERT A. LEVIN

Mailing Address 1239 IDLEWOOD ROAD

City

GLENDALE

State

CA

Zip Code

91202-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEPARTMENT OF JUSTICE/STA-
TE OF

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952067

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BRYANT LEWIS

Mailing Address 3595 PARK DRIVE

City

HAYNESVILLE

State

LA

Zip Code

71038-6227

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953432

Amount of Each Receipt this Period

251.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. GLORIA J. LIEBERMAN

Mailing Address P.O. BOX 1017

City

LAUREL HILL

State

NC

Zip Code

28351-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer
M. AND L. ASSET MGMT. LLC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932373

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. STEVEN J. LIEBZEIT

Mailing Address 432 E SOUTH RIVER ST

City

APPLETON

State

WI

Zip Code

54915-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
APPLETON DAIRY QUEEN STOR-
ES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12923210

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

851.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. NORMA R. LINEBERGER

Mailing Address 2813 DOMINGO RD

City

FULLERTON

State

CA

Zip Code

92835-2427

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953038

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JAMES P. LIVINGSTON

Mailing Address 6313 HORSEMAN'S CANYON DRIVE

City

WALNUT CREEK

State

CA

Zip Code

94595-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931602

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RUFUS W. LUMRY, III

Mailing Address 13228 NE 20TH STREET
SUITE 300

City

BELLEVUE

State

WA

Zip Code

98005

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACORN VENTURES

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12934464

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. STEVEN J. LUND

Mailing Address 86 N UNIVERSITY AVENUE
SUITE 420

City State Zip Code
PROVO UT 84601

FEC ID number of contributing
federal political committee.

C

Name of Employer
NUSKIN ENTERPRISES

Occupation
PERSONAL CARE PRODUCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12942565

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT G. LYNN

Mailing Address 6444 ORANGE HILL LANE

City State Zip Code
CARMICHAEL CA 95608-4563

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12947458

Amount of Each Receipt this Period

259.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JEFFREY M. MACKINNON

Mailing Address 3753 OLIVER STREET NW

City State Zip Code
WASHINGTON DC 20015-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer
RYAN, PHILLIPS, UTRECHT
& MACKINNON

Occupation
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949212

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6259.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PAUL MAKARECHIAN

Mailing Address 4100 MACARTHUR BLVD.
NO. 200

City State Zip Code
NEWPORT BEACH CA 92660-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAKAR PROPERTIES

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12934463

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT W. MANNING, JR.

Mailing Address 9482 HIGHWAY 65

City State Zip Code
WATERPROOF LA 71375-4512

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12936042

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. SANDY C. MANSON

Mailing Address 4751 HAYWARD RD N

City State Zip Code
OAKDALE MN 55128-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934927

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. SANDY C. MANSON

Mailing Address 4751 HAYWARD RD N

City

OAKDALE

State

MN

Zip Code

55128-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934928

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWARD A. MARTELL

Mailing Address P.O. BOX 10508

City

LONGBOAT KEY

State

FL

Zip Code

34228-7537

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932609

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LARON M. MARTIN

Mailing Address P.O. BOX 637

City

SELAH

State

WA

Zip Code

98942-0637

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945871

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. PATRICIA MARTIN

Mailing Address 803 WILLOW HILLS LANE

City

PROSPECT HEIGHTS

State

IL

Zip Code

60070-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916055

Amount of Each Receipt this Period

11.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. PATRICIA MARTIN

Mailing Address 803 WILLOW HILLS LANE

City

PROSPECT HEIGHTS

State

IL

Zip Code

60070-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940790

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. URBAN W. MARTIN

Mailing Address 1111 S LAKEMONT AVE.
APT 824

City

WINTER PARK

State

FL

Zip Code

32792-5496

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12926604

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

411.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES W. MATTHEWS, JR.

Mailing Address 5959 LAS COLINAS BLVD.

City

IRVING

State

TX

Zip Code

75039-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXXON MOBIL

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12923476

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT MAXEY

Mailing Address 2304 SYLVAN RD

City

SPRINGFIELD

State

IL

Zip Code

62704-4356

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12947637

Amount of Each Receipt this Period

75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. JUNE C. MAY

Mailing Address 6208 WATERFORD BLVD
APT 87

City

OKLAHOMA CITY

State

OK

Zip Code

73118-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12935260

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID S. MC DONALD

Mailing Address P.O. BOX 2991

City

GRAND JUNCTION

State

CO

Zip Code

81502-2991

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941579

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. MCADAMS

Mailing Address 1428 PINNACLE VIEW DR NE

City

ALBUQUERQUE

State

NM

Zip Code

87112-6616

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916161

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JUDITH F. MCCLURE

Mailing Address 34 STAGECOACH ROAD

City

AVON

State

CT

Zip Code

06001-4036

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952703

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. REBA S. MCCLUNG

Mailing Address 5000 FAWN MDWS
APT 226City State Zip Code
SAN ANTONIO TX 78240-1539FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

Transaction ID: SA11.12919013

Amount of Each Receipt this Period

259.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DAVID J. MCCULLOCH

Mailing Address 4449 MEANDERING WAY
THOMASWOOD DRIVECity State Zip Code
TALLAHASSEE FL 32308-5740FEC ID number of contributing
federal political committee.**C**Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	9

Transaction ID: SA11.12932531

Amount of Each Receipt this Period

209.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. CORNELIA D. MCCURDY

Mailing Address 801 YALE AVE
801 YALE AVECity State Zip Code
SWARTHMORE PA 19081-1816FEC ID number of contributing
federal political committee.**C**Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	9

Transaction ID: SA11.12927660

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

568.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MRS. CORNELIA D. MCCURDY

Mailing Address 801 YALE AVE
801 YALE AVE

City State Zip Code
SWARTHMORE PA 19081-1816

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12954941

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DAN MCDONALD

Mailing Address PO BOX 170

City State Zip Code
IMBLER OR 97841-0170

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12938486

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. THOMAS MCGREGOR

Mailing Address P.O. BOX 40

City State Zip Code
YORK AL 36925-0040

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12942537

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. CHESTER A. MCLARTY

Mailing Address 524 COLLEGE HILL ROAD

City

OXFORD

State

MS

Zip Code

38655-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939357

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN M. MCMAHON

Mailing Address 4824 RUGBY AVENUE

City

BETHESDA

State

MD

Zip Code

20814-3019

FEC ID number of contributing
federal political committee.

C

Name of Employer
MILLER & LONGOccupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12934461

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JACK MEDCALF

Mailing Address 102 W MORROW ST
STE 200

City

GEORGETOWN

State

TX

Zip Code

78626-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MRV TECHNOLOGIES INC.Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12954012

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

30560.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. KENNETH L. MEIER

Mailing Address 12470 KUMQUAT STREET NW

City

COON RAPIDS

State

MN

Zip Code

55448-2669

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12928611

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. RICHARD N. MERKIN

Mailing Address 3115 OCEAN FRONT WALK
SUITE 301

City

MARINA DEL REY

State

CA

Zip Code

90292

FEC ID number of contributing
federal political committee.

C

Name of Employer
HERITAGE PROVIDER NETWORK

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12942555

Amount of Each Receipt this Period

30000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DONALD T. METCALFE

Mailing Address 106 PRIVATE ROAD 4261

City

CLIFTON

State

TX

Zip Code

76634-3653

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918093

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DONALD T. METCALFE

Mailing Address 106 PRIVATE ROAD 4261

City

CLIFTON

State

TX

Zip Code

76634-3653

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12947181

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JEFFREY C. METZEL, JR.

Mailing Address 19391 SHADY HARBOR CIR.

City

HUNTINGTN BCH

State

CA

Zip Code

92648-2136

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927163

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. PHYLLIS MEYTHALER

Mailing Address 71 CHATEAUX DU LAC DRIVE

City

FENTON

State

MI

Zip Code

48430-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12954559

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. SAM S. MIDDLETON

Mailing Address 1507 13TH STREET

City

LUBBOCK

State

TX

Zip Code

79401-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARLES S. MIDDLETON AND
SONS

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923495

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. BILLIE A. MILES

Mailing Address 2404 MORRISON DR

City

BIG SPRING

State

TX

Zip Code

79720-5227

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940759

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ELENA P. MILLER

Mailing Address 1105 12TH MAN CIR

City

COLLEGE STATION

State

TX

Zip Code

77845-8979

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12926405

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

380.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. GRACE L. MILLER

Mailing Address 4760 ASTON GARDENS WAY
APT. 206

City State Zip Code
NAPLES FL 34109-3592

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12955419

Amount of Each Receipt this Period

11.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. GWEN MILLER

Mailing Address 1526 BIRCHRUN RD

City State Zip Code
CHESTER SPRINGS PA 19425-3024

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12917428

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. KATHY J. MILLER

Mailing Address 429 LAUREL RUN ROAD

City State Zip Code
CARMICHAELS PA 15320-5779

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAREPOINT PARTNERS OF WV

Occupation
PHARMACIST / GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12949615

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

311.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PAUL MILLER

Mailing Address 5444 S IDALIA WAY

City

CENTENNIAL

State

CO

Zip Code

80015-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer

COLORADO ANESTHIA CONSULT

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12939209

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN L. MINTER

Mailing Address 116 SEASCAPE DRIVE

City

PORT LAVACA

State

TX

Zip Code

77979-4940

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918824

Amount of Each Receipt this Period

11.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN L. MINTER

Mailing Address 116 SEASCAPE DRIVE

City

PORT LAVACA

State

TX

Zip Code

77979-4940

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12929696

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

311.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. WILLIAM T. MINTER

Mailing Address 1810 DELEON ST

City

OVIEDO

State

FL

Zip Code

32765-8242

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORIDA RESEARCH INC.

Occupation

RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12956387

Amount of Each Receipt this Period

225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. W. A. MONCRIEF, JR.

Mailing Address 950 COMMERCE STREET

City

FORT WORTH

State

TX

Zip Code

76102-5418

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONCRIEF OIL- MONTEX DRIL-
LING COMPANY

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12949225

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS F. MONROE

Mailing Address 321 DUNBARTON DR.

City

ST. SIMONS IS.

State

GA

Zip Code

31522-1055

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONROE & ASSOCIATES

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12942163

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. IVY MOONEY

Mailing Address 3869 HOLLYPARK PL

City

LOS ANGELES

State

CA

Zip Code

90039-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12923124

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ALAN W. MORGAN

Mailing Address 6955 CARLISLE CT
APT 311

City

NAPLES

State

FL

Zip Code

34109-8978

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12955901

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ISAAC A. MORRIS

Mailing Address 2867 OUTLET ROAD

City

CLIFTON SPRINGS

State

NY

Zip Code

14432

FEC ID number of contributing
federal political committee.

C

Name of Employer
G.W. LISH CO. INC

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12915696

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RALPH MUHLESTEIN

Mailing Address 8228 PINOSITAS RD

City

WHITTIER

State

CA

Zip Code

90605-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12946517

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PATRICK L. MULHERN

Mailing Address P.O. BOX 1235

City

LA PORTE

State

TX

Zip Code

77572-1235

FEC ID number of contributing
federal political committee.

C

Name of Employer
OXY

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940662

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SHARON MULLARKEY

Mailing Address 1420 MERION DR

City

MANSFIELD

State

TX

Zip Code

76063-3761

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12915339

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MICHAEL MULLEN

Mailing Address 5927 VICKERY BLVD.

City

DALLAS

State

TX

Zip Code

75206-6337

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIREMAN'S FUND INSURANCE
COMPANY

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934961

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARGE A. MULLIN

Mailing Address 104 VILLA WAY

City

YORKTOWN

State

VA

Zip Code

23693-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916807

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. LUCY NAQUIN

Mailing Address P.O. BOX 513

City

LAROSE

State

LA

Zip Code

70373

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12941209

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. CHARLES D. NELSON

Mailing Address 2615 SLASH PINE COURT

City

TITUSVILLE

State

FL

Zip Code

32780-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918479

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES D. NELSON

Mailing Address 2615 SLASH PINE COURT

City

TITUSVILLE

State

FL

Zip Code

32780-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939593

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS E. NELSON

Mailing Address 1901 N 73RD AVE

City

ELMWOOD PARK

State

IL

Zip Code

60707-3722

FEC ID number of contributing
federal political committee.

C

Name of Employer
OFFSET PRESS, INC.

Occupation
PRINTING-SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918774

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. LINDA M. NESBIT

Mailing Address 415 45TH ST

City

DES MOINES

State

IA

Zip Code

50312-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12946367

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN F. NEWTON

Mailing Address 25 WASHINGTON COURT
APARTMENT 7-1

City

STAMFORD

State

CT

Zip Code

06902-2334

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12941207

Amount of Each Receipt this Period

35.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ANA NIETO

Mailing Address 19106 CELLINI PLACE

City

LUTZ

State

FL

Zip Code

33558-9008

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12917835

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. ANA NIETO

Mailing Address 19106 CELLINI PLACE

City

LUTZ

State

FL

Zip Code

33558-9008

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12935551

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ANA NIETO

Mailing Address 19106 CELLINI PLACE

City

LUTZ

State

FL

Zip Code

33558-9008

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12942898

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. SPENCER T. NISSEN

Mailing Address 3917 TERRY PL

City

ALEXANDRIA

State

VA

Zip Code

22304-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
USYEPA

Occupation

ADMN LAW JUDGE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945760

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. TERRY NORRIS

Mailing Address 502 E BEECH ST

City

SULLIVAN

State

IN

Zip Code

47882-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORRIS SCALE CO.

Occupation

PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12938303

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CHERYL A. NORTON

Mailing Address 3119 MIDWAY ISLAND ST

City

WEST SACRAMENTO

State

CA

Zip Code

95691-5899

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALSANT USA CORP

Occupation

SALES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927033

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. HORTENSE NUNN

Mailing Address 141 BETH LANE
APARTMENT 257

City

MELBOURNE

State

FL

Zip Code

32904-8103

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918417

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MCKEE NUNNALLY, JR.

Mailing Address 3180 ARDEN ROAD NW

City

ATLANTA

State

GA

Zip Code

30305-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
JEFFERIES

Occupation
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953888

Amount of Each Receipt this Period

209.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ZOE DELL NUTTER

Mailing Address 986 TREBEIN ROAD

City

XENIA

State

OH

Zip Code

45385-9534

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12942554

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. KEVIN W. O' BRIEN

Mailing Address 105 5TH STREET

City

CORALVILLE

State

IA

Zip Code

52241-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer
CREATIVE MGT

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918994

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2709.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. J. DAVID ODER

Mailing Address 21 PAINTED FEATHER WAY

City

LAS VEGAS

State

NV

Zip Code

89135-7856

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHIFT4 CORPORATIONOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931237

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. J. DAVID ODER

Mailing Address 21 PAINTED FEATHER WAY

City

LAS VEGAS

State

NV

Zip Code

89135-7856

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHIFT4 CORPORATIONOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11.12936331

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID A. OGILVIE

Mailing Address W8546 WHITETAIL TRAIL

City

HORTONVILLE

State

WI

Zip Code

54944-9321

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIERCE MANUFACTURINGOccupation
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940114

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JACQUE OJADIDI

Mailing Address 10391 SWEET JULIET STREET

City

LAS VEGAS

State

NV

Zip Code

89183-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHANNEL WEB

Occupation

WEB DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12925124

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT C. OLSEN

Mailing Address PO BOX 2180
SUITE 4257

City

HOUSTON

State

TX

Zip Code

77252-2180

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXXONMOBIL PRODUCTION COM-
PANY

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12923488

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE W. OLSON

Mailing Address 5206 W. 80TH TERRACE

City

PRAIRIE VILLAGE

State

KS

Zip Code

66208-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940797

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

3200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH B. ORGAN, JR.

Mailing Address 1213 PARK AVE

City

RIVER FOREST

State

IL

Zip Code

60305-1019

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAYER BROWN

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923150

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. LINDA S. ORRO

Mailing Address 9065 ELIZABETH LAKE ROAD

City

LEONA VALLEY

State

CA

Zip Code

93551

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEEKER, ORRO, & MINDEL,
A. DENTAL CORP

Occupation

C.F.O. AND ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12925125

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID OSWALD

Mailing Address 10104 VANDERBILT CIRCLE

City

ROCKVILLE

State

MD

Zip Code

20850

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930062

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DAVID L. PALMER

Mailing Address PO BOX 44557

City

KAMUELA

State

HI

Zip Code

96743-4557

FEC ID number of contributing
federal political committee.

C

Name of Employer
KAWAIIHAE PIZZA, INC

Occupation

RESTAURATEUR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 9

Transaction ID: SA11.12936582

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. TIM J. PARADISO

Mailing Address 2760 N BLUFF RIDGE DR

City

PORT CLINTON

State

OH

Zip Code

43452-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer
BDS AGENCY

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12934717

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GUY K. L. PARIS

Mailing Address 11 DRIFTWOOD ROAD

City

MARBLEHEAD

State

MA

Zip Code

01945-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASS. HUMAN RESOURCES DIV.

Occupation

PERSONNEL SELECTION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941847

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. PATRICIA M. PARKER

Mailing Address 1200 HUMBOLDT ST
APT 206

City State Zip Code
DENVER CO 80218-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLORADO STATE DEPT

Occupation
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12939821

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. HELEN B. PAYNE

Mailing Address 5131 SANDYFIELDS LN

City State Zip Code
KATY TX 77494-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934857

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. HELEN B. PAYNE

Mailing Address 5131 SANDYFIELDS LN

City State Zip Code
KATY TX 77494-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934858

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. HELEN B. PAYNE

Mailing Address 5131 SANDYFIELDS LN

City

KATY

State

TX

Zip Code

77494-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 9

Transaction ID: SA11.12936574

Amount of Each Receipt this Period

10.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. PEATTIE

Mailing Address 5419 LAMPEN DR

City

EAST LANSING

State

MI

Zip Code

48823-7259

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE OF MI

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12933792

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WALTER PEIRSON

Mailing Address 11804 LAKE HOUSE CT.

City

NORTH PALM BEACH

State

FL

Zip Code

33408-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939631

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. BRENDA PEJOVICH

Mailing Address 6922 FOREST GLEN DRIVE

City

DALLAS

State

TX

Zip Code

75230

FEC ID number of contributing
federal political committee.

C

Name of Employer
BPA CONSULTING GROUP

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923497

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. DORIS J. PERRY

Mailing Address 2686 CAROL PLACE

City

GRAND JUNCTION

State

CO

Zip Code

81506-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer
T.P. ACOUSTICS - BUILDING
CONTRACTORS

Occupation

CO-OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932418

Amount of Each Receipt this Period

11.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLEY W. PETERSON

Mailing Address P.O. BOX 305

City

ATKINSON

State

NE

Zip Code

68713-0305

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12946250

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DENNIS L. PETERSON

Mailing Address 37 RIDGEWOOD COURT

City

DALEVILLE

State

AL

Zip Code

36322-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953878

Amount of Each Receipt this Period

209.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. HELEN L. PETERSON

Mailing Address 509 MISSOURI ST

City

SAN FRANCISCO

State

CA

Zip Code

94107-2836

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916626

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. HELEN L. PETERSON

Mailing Address 509 MISSOURI ST

City

SAN FRANCISCO

State

CA

Zip Code

94107-2836

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12942841

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

409.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES A. PETERSON

Mailing Address 1000 GARLANDS LANE
UNIT 1146

City State Zip Code
BARRINGTON IL 60010-3351

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945165

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. PHILIP S. PETERSON

Mailing Address 11193 NE 18TH CT.

City State Zip Code
MIAMI FL 33161

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940261

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. BILL C. PHILLIPS

Mailing Address 802 W. MERMOD STREET

City State Zip Code
CARLSBAD NM 88220-4915

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHILLIPS COWBOY SHOP

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12954793

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ANDREW J. PHIPPS

Mailing Address 504 S SHOTWELL ST

City

RICHMOND

State

MO

Zip Code

64085-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932309

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MORRIS R. PIEPER

Mailing Address 202 W. LINCOLN STREET

City

MOUNT MORRIS

State

IL

Zip Code

61054-1416

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12917859

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LAURENCE A. PIERCE

Mailing Address 25 CIRCLE ST

City

MARBLEHEAD

State

MA

Zip Code

01945-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945485

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ALFONSO E. PINO, III

Mailing Address 17511 WOODS EDGE DR

City

DALLAS

State

TX

Zip Code

75287-7544

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952336

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN PLOTH

Mailing Address 722 WALNUT STREET
APARTMENT 306

City

KANSAS CITY

State

MO

Zip Code

64106-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer
REHABILITATION SERVICES
FOR TH

Occupation
VENDING FACILITY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12929951

Amount of Each Receipt this Period

59.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. AVA K. POLANSKY-BAK

Mailing Address 330 DOGWOOD LANE

City

MANHASSET

State

NY

Zip Code

11030-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADAMBA IMPORTS

Occupation
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12942933

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

299.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. HELEN C. POLITZ

Mailing Address 319 RAINBOW DRIVE

City

KOKOMO

State

IN

Zip Code

46902-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12933954

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOSEPH H. POOL

Mailing Address 701 S TAYLOR ST.
STE. 300

City

AMARILLO

State

TX

Zip Code

79101-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
SNEED-POOL CATTLE CO

Occupation
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12928871

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARY E. PREDEL

Mailing Address 59 GARNSEY ROAD

City

REXFORD

State

NY

Zip Code

12148-1205

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12954229

Amount of Each Receipt this Period

450.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. WILLIAM F. PRUCHNIC

Mailing Address 162 LAUREN LANE

City

JOHNSTOWN

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMORIAL M.C.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	9

Transaction ID: SA11.12942766

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. STEPHEN D. PRYOR

Mailing Address 4 LAZY WOOD LANE

City

HOUSTON

State

TX

Zip Code

77024-7541

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXXON MOBIL

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: SA11.12934454

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH T. PUSKAS, II

Mailing Address 10732 W 84TH PL
STE 2A

City

ARVADA

State

CO

Zip Code

80005-4711

FEC ID number of contributing
federal political committee.

C

Name of Employer
MERRY X-RAY CORPORATION

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	9

Transaction ID: SA11.12946701

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. DOROTHY L. QUADE

Mailing Address 1637 PLEASANT ST

City

W DES MOINES

State

IA

Zip Code

50265-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11.12936390

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. DOROTHY L. QUADE

Mailing Address 1637 PLEASANT ST

City

W DES MOINES

State

IA

Zip Code

50265-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944412

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DARIUS A. QUINTANA

Mailing Address P.O. BOX 795

City

BAYARD

State

NM

Zip Code

88023-0795

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12954773

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT M. QUINTANA

Mailing Address RR 1 BOX 400

City

LAS VEGAS

State

NM

Zip Code

87701-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

FARMER/ RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12946823

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. KATHRYN RADEMAKER

Mailing Address 300 W BETHESDA RD

City

BURLESON

State

TX

Zip Code

76028-1631

FEC ID number of contributing
federal political committee.

C

Name of Employer
BARGAIN BUDDYS SMALL ENGI-
NE

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12954499

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM ROBERT RAMP

Mailing Address 2434 106TH ST.

City

TOLEDO

State

OH

Zip Code

43611-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12947746

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT L. RANKIN

Mailing Address 614 N. 65TH AVENUE

City

YAKIMA

State

WA

Zip Code

98908-5602

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927424

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOE F. RAYL

Mailing Address P.O. BOX 197

City

BOLIVAR

State

MO

Zip Code

65613-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12934468

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID W. RECKLEY

Mailing Address 8619 APPLES CHURCH RD

City

THURMONT

State

MD

Zip Code

21788-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer
SATS ELECTRICIANS

Occupation
ELECTRICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12933963

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MISS ISABEL A. REITHEBUCH

Mailing Address 1370 NEPPERHAN AVE

City

YONKERS

State

NY

Zip Code

10703-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12935358

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LT. COL. PATRICK E. RESLEY

Mailing Address 7336 N. MOUNTAIN SHADOWS DRIVE

City

TUCSON

State

AZ

Zip Code

85718-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SERVICES CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12926257

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

LT. COL. PATRICK E. RESLEY

Mailing Address 7336 N. MOUNTAIN SHADOWS DRIVE

City

TUCSON

State

AZ

Zip Code

85718-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SERVICES CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944524

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RALPH E. REYNOLDS

Mailing Address 5055 TERRA LAKE CIRCLE

City

PENSACOLA

State

FL

Zip Code

32507-9087

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953932

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM B. RICE

Mailing Address 6910 HOPEFUL ROAD
APARTMENT 2112

City

FLORENCE

State

KY

Zip Code

41042-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940334

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. THOMAS A. RICHARDSON, M.D.

Mailing Address 7945 HUGHES RD

City

NORTH SALEM

State

IN

Zip Code

46165-9478

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMERGENCY MEDICAL SPECIAL-
ISTS

Occupation
DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12934744

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS VALLI S. RITENOUR

Mailing Address 2165 ALAQUA DR

City

LONGWOOD

State

FL

Zip Code

32779-3119

FEC ID number of contributing
federal political committee.

C

Name of Employer
DN OFC. OF AMER.

Occupation

INSURANCE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941614

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. KRISTINE ROBERTS

Mailing Address 87 HACKETT RD.

City

BELMONT

State

NH

Zip Code

03220-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931321

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SHEILA C. ROBINSON

Mailing Address 1000 W. CENTURY AVENUE
APARTMENT 308

City

BISMARCK

State

ND

Zip Code

58503-0910

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12951965

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. MICHELLE RODENBORN

Mailing Address 3543 BENDIGO DR.
STE. 800

City State Zip Code
RCH PALOS VRD CA 90275-6268

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944437

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDUARDO A. RODRIGUEZ

Mailing Address 4110 RIO BRAVO ST
STE 103

City State Zip Code
EL PASO TX 79902-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer
STRATEGIC COMMUNICATION
CONSULTING

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934903

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARY L. ROGERS

Mailing Address 14500 468TH AVE
B

City State Zip Code
NORTH BEND WA 98045-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer
KENN'S GAS & GROCERY LLC

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12915479

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. BLAKE M. RONEY

Mailing Address 86 NORTH UNIVERSITY AVENUE
SUITE 420

City State Zip Code
PROVO UT 84601

FEC ID number of contributing
federal political committee.

C

Name of Employer
NU SKIN ENTERPRISES

Occupation
SR. VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12942566

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWARD P. ROSKI, JR.

Mailing Address 13191 CROSSROADS PKWY N
FL 6

City State Zip Code
CITY OF INDUSTRY CA 91746

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAJESTIC REALTY

Occupation
CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12925128

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DONALD M. ROSS

Mailing Address 544 E AVENUE J1

City State Zip Code
LANCASTER CA 93535-3828

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12933590

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DONALD M. ROSS

Mailing Address 544 E AVENUE J1

City

LANCASTER

State

CA

Zip Code

93535-3828

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12938044

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. MARY R. RUHLIN

Mailing Address 110 RIMINI WAY

City

NORTH VENICE

State

FL

Zip Code

34275-6623

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952886

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. TODD A. RUSTMAN

Mailing Address 660 NEWPORT CENTER DRIVE
SUITE 770

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
GR CAPITAL ASSET MANAGMENT

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923496

Amount of Each Receipt this Period

3750.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

4050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. KIMBERLY S. RYAN

Mailing Address 1015 NE BRYANT CT.

City

LEES SUMMIT

State

MO

Zip Code

64086-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934866

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. KENNETH SABBAG

Mailing Address 1244 WENTWORTH AVE

City

PASADENA

State

CA

Zip Code

91106-4448

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949603

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LAWRENCE C. SALAMENO

Mailing Address 200 E. ALLENDALE AVENUE

City

ALLENDALE

State

NJ

Zip Code

07401-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12949226

Amount of Each Receipt this Period

12000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

13100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOSE G. SANTOS

Mailing Address 5400 ALAMEDA AVE.

City

EL PASO

State

TX

Zip Code

79905-2914

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOOD CITY

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	9

Transaction ID: SA11.12922950

Amount of Each Receipt this Period

225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CHARLES SAPP

Mailing Address 9554 U.S. HIGHWAY 52

City

MANCHESTER

State

OH

Zip Code

45144-9475

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	9

Transaction ID: SA11.12940393

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. CHARLES SAPP

Mailing Address 9554 U.S. HIGHWAY 52

City

MANCHESTER

State

OH

Zip Code

45144-9475

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Transaction ID: SA11.12952508

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES M. SAVACOO, JR.

Mailing Address 4009 BLACK OAK DR

City

CARROLLTON

State

TX

Zip Code

75007-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12917450

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. SCARLETT, IV

Mailing Address PO BOX 10828

City

JACKSON

State

WY

Zip Code

83002-0828

FEC ID number of contributing
federal political committee.

C

Name of Employer
WELLS FARGO BANK

Occupation
BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12934462

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. UNA E. SCHAEFERKLAUS

Mailing Address 3412 FIDDLERS GREEN ROAD

City

CINCINNATI

State

OH

Zip Code

45248-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940094

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JACK L. SCHENENDORF

Mailing Address 4707 MORGAN DR

City

CHEVY CHASE

State

MD

Zip Code

20815-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer
COVINGTON & BURLING LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 9

Transaction ID: SA11.12936578

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. INA SCHLICHTMANN

Mailing Address 507 3RD STREET SE
APARTMENT 6

City

HILLSBORO

State

ND

Zip Code

58045-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945442

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. EDE A. SCHMIDT

Mailing Address 1237 LAKE FRONT ROAD

City

LAKE OSWEGO

State

OR

Zip Code

97034-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934899

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. EDE A. SCHMIDT

Mailing Address 1237 LAKE FRONT ROAD

City

LAKE OSWEGO

State

OR

Zip Code

97034-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940739

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOEL SCHRANK

Mailing Address 4231 POINT LA VISTA RD

City

JACKSONVILLE

State

FL

Zip Code

32207

FEC ID number of contributing
federal political committee.

C

Name of Employer
JACKSONVILLE HEART CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931309

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. ERNEST C. SCHULTZ

Mailing Address 1372 BRAMBLEBUSH RUN

City

BLOOMFIELD

State

MI

Zip Code

48304-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12915466

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. CHRISTA SCHUTZ

Mailing Address 1 RENAISSANCE SQ.
UNIT 16E

City State Zip Code
WHITE PLAINS NY 10601-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937050

Amount of Each Receipt this Period

105.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ARTHUR C. SCHWOTZER

Mailing Address 3555 WASHINGTON RD.

City State Zip Code
CANONSBURG PA 15317-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
CROSS GATES INC.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930138

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. NORMA J. SCOTT

Mailing Address P.O. BOX 750

City State Zip Code
HAWTHORNE NV 89415-0750

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11.12932965

Amount of Each Receipt this Period

70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. SHARON SCOTT

Mailing Address 415 N. FOREST RIDGE BLVD.

City

BROKEN ARROW

State

OK

Zip Code

74014-2761

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	9

Transaction ID: SA11.12927242

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EDWARD EUGENE SEASTRAND

Mailing Address 12 KESWICK LN.

City

CROSSVILLE

State

TN

Zip Code

38558-2880

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	9

Transaction ID: SA11.12926550

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS P. SEATON

Mailing Address 7300 METRO BLVD STE 500

City

MINNEAPOLIS

State

MN

Zip Code

55439

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

Transaction ID: SA11.12941295

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOSEPH SEELY

Mailing Address 145 CHERRY ST

City

MALDEN

State

MA

Zip Code

02148-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer
MICROWORKS COMPUTER CTR

Occupation

SALES MGR/SALES REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	9

Transaction ID: SA11.12934890

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. CARL SELAVKA

Mailing Address 73 N. MAPLE STREET

City

HADLEY

State

MA

Zip Code

01035-9770

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	9

Transaction ID: SA11.12937196

Amount of Each Receipt this Period

240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. J. S. SHAFFER

Mailing Address 19382 OAKWOOD DR

City

ABINGDON

State

VA

Zip Code

24211-6830

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	9

Transaction ID: SA11.12944572

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. HOWARD SHARP

Mailing Address 680 WALK LANE

City

CLARKSTON

State

WA

Zip Code

99403-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12939022

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. HOWARD SHARP

Mailing Address 680 WALK LANE

City

CLARKSTON

State

WA

Zip Code

99403-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12955399

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE SHELTON

Mailing Address 4124 KINGSFERRY DR

City

ARLINGTON

State

TX

Zip Code

76016

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12942755

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. W. E. SHERIFF

Mailing Address 5621 OTTERSHAW COURT

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	9

Transaction ID: SA11.12923489

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. THOMAS P. SHIPPEE

Mailing Address 171 PICKPOCKET RD

City

BRENTWOOD

State

NH

Zip Code

03833-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

Transaction ID: SA11.12918538

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. SHUNK

Mailing Address 11413 OLD COLONY PARKWAY

City

KNOXVILLE

State

TN

Zip Code

37934-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼
Occupation
RETIRED

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

Transaction ID: SA11.12947694

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LT. COL. RICHARD SIENKIEWICZ, USA RET

Mailing Address 15016 HUNTGATE LANE

City

DUMFRIES

State

VA

Zip Code

22025

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12915303

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LT. COL. RICHARD SIENKIEWICZ, USA RET

Mailing Address 15016 HUNTGATE LANE

City

DUMFRIES

State

VA

Zip Code

22025

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937335

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CDR. JOHN R. SILL

Mailing Address 930 CHIP CREEK CT.

City

MINDEN

State

NV

Zip Code

89423-7724

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944511

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. MURRAY S. SIM

Mailing Address 703 N. 6TH STREET

City

MANITOWOC

State

WI

Zip Code

54220-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer
TITUS GROUP

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12934748

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. SCOTT SIMPSON

Mailing Address 102 SW 1ST ST.

City

MORTON

State

TX

Zip Code

79346-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
FRONTIER VALLEY INC.

Occupation

CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12942417

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. ELLEN M. SINKOVICH

Mailing Address 2010 PINE ST.
3

City

POTTSVILLE

State

PA

Zip Code

17901-8686

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOSPITAL

Occupation

R.N.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937373

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JAMES D. SKIDMORE

Mailing Address P.O. BOX 2396

City

MIDDLESBORO

State

KY

Zip Code

40965-4396

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953889

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. BRIAN SMITH

Mailing Address 1898 EDWARDS RD.

City

NORTH FAIRFIELD

State

OH

Zip Code

44855-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INSURANCE AGENT/FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930191

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LAWRENCE M. SMITH

Mailing Address 2840 NW 35TH AVENUE

City

PORTLAND

State

OR

Zip Code

97210-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer
JOURNAL GRAPHICS

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932419

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

910.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. NORMA L. SMITH

Mailing Address P.O. BOX 28997

City

SAN DOEGO

State

CA

Zip Code

92198

FEC ID number of contributing
federal political committee.

C

Name of Employer

D&S REALTY & DEVELOPMENT,
INC.

Occupation

BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12936715

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. PEARL D. SMITH

Mailing Address 3538 W WAGON TRAIL RD

City

GREELEY

State

CO

Zip Code

80634-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12944075

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. SHERI L. SMITH

Mailing Address 1850 DUKE RD

City

WAYNESBORO

State

VA

Zip Code

22980-6314

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12939838

Amount of Each Receipt this Period

175.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. STAN R. SMITH

Mailing Address 26 WIDEWATER ROAD

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953917

Amount of Each Receipt this Period

209.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LT. COL. RAYMOND E. SMYTHE

Mailing Address 909 FIR STREET SE

City

OLYMPIA

State

WA

Zip Code

98501-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934901

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. SANDRA G. SOCKWELL

Mailing Address 4266 SAN FELIPE ROAD

City

BULLHEAD CITY

State

AZ

Zip Code

86429-7700

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927289

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

339.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN S. SOMERVILLE, JR.

Mailing Address 174 BUTTONWOOD DRIVE

City

FAIR HAVEN

State

NJ

Zip Code

07704-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930130

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN S. SOMERVILLE, JR.

Mailing Address 174 BUTTONWOOD DRIVE

City

FAIR HAVEN

State

NJ

Zip Code

07704-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937242

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. WILBER B. SPALDING, JR.

Mailing Address 6900 OVERHILL ROAD

City

MISSION HILLS

State

KS

Zip Code

66208-2769

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932426

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD SPANGENBERG

Mailing Address 54 N LARK ST

City

NEW ORLEANS

State

LA

Zip Code

70124-4514

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12951701

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ALFRED W. SPARROW

Mailing Address P.O. BOX 423

City

EASTPORT

State

NY

Zip Code

11941-0423

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

CONSTRUCTION ESTIMATOR

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953809

Amount of Each Receipt this Period

209.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JAMES A. SPEAR

Mailing Address 4545 W HACIENDA AVE
STE 101

City

LAS VEGAS

State

NV

Zip Code

89118-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932780

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

659.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. WILLIAM S. SPEARS

Mailing Address P.O. BOX 780

City

WICHITA FALLS

State

TX

Zip Code

76307-0780

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENERGY EDUCATION, INC.

Occupation
CEO & FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12934428

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. CHARLENE SPRANKEL

Mailing Address 120 FENWAY DR

City

DECATUR

State

IL

Zip Code

62521-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927743

Amount of Each Receipt this Period

109.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. ANN B. STAFFORD

Mailing Address 1 STAFFORD PL

City

BRANSON

State

MO

Zip Code

65616-7940

FEC ID number of contributing
federal political committee.

C

Name of Employer
STAFFORD THEATER

Occupation
CO-OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12928448

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10359.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. PAUL STANKAN

Mailing Address 2156 N. HARWOOD STREET

City

ORANGE

State

CA

Zip Code

92865-3421

FEC ID number of contributing
federal political committee.

C

Name of Employer
CITY OF ANAHEIM

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12916486

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS STEELE

Mailing Address 925 GAINSWAY ROAD

City

YARDLEY

State

PA

Zip Code

19067

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12934441

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. STEFAN, JR.

Mailing Address RR 2 BOX 200

City

LOCKWOOD

State

MO

Zip Code

65682-9666

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12934379

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. TERRY G. STEPHENS

Mailing Address P.O. BOX 220

City

HENDERSONVILLE

State

TN

Zip Code

37077-0220

FEC ID number of contributing
federal political committee.

C

Name of Employer
STEPHENS CARRIERS INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941964

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. WALTER D. STEVENSON, III

Mailing Address 7819 COCOBAY CT

City

NAPLES

State

FL

Zip Code

34108-6509

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 9

Transaction ID: SA11.12936645

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. JILL A. STEWART

Mailing Address 4500 SAN ANTONIO ROAD

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing
federal political committee.

C

Name of Employer
FREMONT

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12949654

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. J G. STONE

Mailing Address 20500 LACEY BLVD

City

LEMOORE

State

CA

Zip Code

93245-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	9

Transaction ID: SA11.12927174

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT C. STRATTON

Mailing Address P.O. BOX 113

City

SHERRODSVILLE

State

OH

Zip Code

44675-0113

FEC ID number of contributing
federal political committee.

C

Name of Employer
LINCOLNS AND THINGS INC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

Transaction ID: SA11.12918593

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. YOLANDE H. STRAWINSKI

Mailing Address 1130 SYLVAN PLACE

City

MONTEREY

State

CA

Zip Code

93940-4903

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK LIFE INS. CO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INSURANCE AGENT

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	9

Transaction ID: SA11.12915987

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DON STRETESKY

Mailing Address 14750 COUNTY ROAD 61

City

JULESBURG

State

CO

Zip Code

80737-9623

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930410

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EUGENE STRINGFIELD

Mailing Address 3425 RIVER POINTE DR

City

EUGENE

State

OR

Zip Code

97408-5932

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12944061

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. TRISHA STROMBERG

Mailing Address 502 10TH AVE W

City

KIRKLAND

State

WA

Zip Code

98033-4839

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932574

Amount of Each Receipt this Period

209.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

609.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ANTHONY L. STUART

Mailing Address 8 MUIRFIELD LANE

City

AMARILLO

State

TX

Zip Code

79124-4939

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMARILLO ANESTHESIA ASSOC-
IATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937122

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ANTHONY L. STUART

Mailing Address 8 MUIRFIELD LANE

City

AMARILLO

State

TX

Zip Code

79124-4939

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMARILLO ANESTHESIA ASSOC-
IATES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12955814

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ESTON STYRON

Mailing Address PO BOX 100

City

ORIENTAL

State

NC

Zip Code

28571-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12934024

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT SUDERLAND

Mailing Address 953 PYRITE AVENUE

City

HENDERSON

State

NV

Zip Code

89011-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941549

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. ROZENE R. SUPPLE

Mailing Address 1850 SMOKE TREE LN
SMOKE TREE RANCH

City

PALM SPRINGS

State

CA

Zip Code

92264-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12935305

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. F. JOSEPH SVEC

Mailing Address 266 CHEESTANA WAY

City

LOUDON

State

TN

Zip Code

37774-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12942880

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT E. SWITZER

Mailing Address 205 SAND DOLLAR COVE

City

SNEADS FERRY

State

NC

Zip Code

28460-9114

FEC ID number of contributing
federal political committee.

C

Name of Employer

COASTAL COMMUNITY COLLEGE

Occupation

TEACHER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937616

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT E. SWITZER

Mailing Address 205 SAND DOLLAR COVE

City

SNEADS FERRY

State

NC

Zip Code

28460-9114

FEC ID number of contributing
federal political committee.

C

Name of Employer

COASTAL COMMUNITY COLLEGE

Occupation

TEACHER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940116

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ROBERT TALLEY

Mailing Address 448 36TH AVE. NW
STE. 103

City

NORMAN

State

OK

Zip Code

73072-4743

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

DENTIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12928606

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. NOELLE L. TARABULSKI

Mailing Address 14524 W DARTMOUTH AVE

City

LAKEWOOD

State

CO

Zip Code

80228-4897

FEC ID number of contributing
federal political committee.

C

Name of Employer
BUILDER CONSULTING GROUP
INC

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12926794

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. NOELLE L. TARABULSKI

Mailing Address 14524 W DARTMOUTH AVE

City

LAKEWOOD

State

CO

Zip Code

80228-4897

FEC ID number of contributing
federal political committee.

C

Name of Employer
BUILDER CONSULTING GROUP
INC

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12938927

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN P. TERRY

Mailing Address 4419 LOWELL AVE

City

GLENDALE

State

CA

Zip Code

91214-2365

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12955475

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. RICHARD E. TERRY

Mailing Address 431 CREEKSIDE COURT

City

WILLOWBROOK

State

IL

Zip Code

60527-5492

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931906

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. RICHARD E. TERRY

Mailing Address 431 CREEKSIDE COURT

City

WILLOWBROOK

State

IL

Zip Code

60527-5492

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940036

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GARY J. THOMPSON

Mailing Address 82 LOFGREN ROAD

City

AVON

State

CT

Zip Code

06001-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARTFORD FINANCIAL SERVIC-
ES GR

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12934525

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. EDMUND B. THORNTON

Mailing Address 1461 W LAFAYETTE ST
P.O. BOX 1

City State Zip Code
OTTAWA IL 61350-1765

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12933257

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GEORGE C. TOSTEVIN

Mailing Address 12555 37TH AVENUE NE

City State Zip Code
SEATTLE WA 98125-4654

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEATTLE CITILIGHT

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941655

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MICHAEL E. TYLER

Mailing Address 258 RAVENSCLIFF ROAD

City State Zip Code
WAYNE PA 19087-4732

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12946681

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT J. ULRICH

Mailing Address 5400 LONDONDERRY ROAD

City

EDINA

State

MN

Zip Code

55436-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
TARGETOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	9	

Transaction ID: SA11.12949214

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES E. UPFIELD

Mailing Address 13221 GLAD ACRES DRIVE

City

DALLAS

State

TX

Zip Code

75234-5202

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	9	

Transaction ID: SA11.12918099

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. DAVID URIE

Mailing Address 80 N. WINTERPORT CIRCLE

City

THE WOODLANDS

State

TX

Zip Code

77382-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	9	

Transaction ID: SA11.12931955

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DOUGLAS W. USEDOM

Mailing Address 1860 VICENZA DRIVE

City

SPARKS

State

NV

Zip Code

89434-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: SA11.12935616

Amount of Each Receipt this Period

25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JAMES W. VAN BUREN

Mailing Address 155 STRATFORD COURT

City

HOLLIDAYSBURG

State

PA

Zip Code

16648-9255

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW ENTERPRISE STONE & LI-
ME COMPANY

Occupation
VICE PRESIDENT OF DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12934430

Amount of Each Receipt this Period

7200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD VAN HOUTEN

Mailing Address 13 ELM STREET

City

ALLENDALE

State

NJ

Zip Code

07401-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939336

Amount of Each Receipt this Period

125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

7350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 355

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FRANK VEENSTRA

Mailing Address 2675 S 1300 E

City

HAGERMAN

State

ID

Zip Code

83332-5847

FEC ID number of contributing
federal political committee.

C

Name of Employer
VEENSTRA DAIRIESOccupation
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12932749

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. MONIQUE VERNHES

Mailing Address 617 BRECKENRIDGE PL

City

SIMI VALLEY

State

CA

Zip Code

93065-7047

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLTRADE TOOLSOccupation
SALES DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12929476

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. NANCY BRACKEN WALDEN

Mailing Address P.O. BOX 8029

City

TYLER

State

TX

Zip Code

75711-8029

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
OIL & GAS/ RANCHING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12934437

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DON W. WALKER

Mailing Address 1212 N LAKE SHORE DR
APT 9AN

City State Zip Code
CHICAGO IL 60610-2359

FEC ID number of contributing
federal political committee.

C

Name of Employer
SECURITAS INC

Occupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12946453

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. ALMEDA WALLINGFORD

Mailing Address 89 BAYOU LANE

City State Zip Code
KEMAH TX 77565-2663

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939537

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MISS LORE WALMSLEY

Mailing Address 405 W. MACARTHUR STREET
APARTMENT 117

City State Zip Code
SONOMA CA 95476-7458

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12917730

Amount of Each Receipt this Period

11.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

236.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. LOIS C. WALSH

Mailing Address 2030 SHERLOCK HOLMES STREET

City

SYKESVILLE

State

MD

Zip Code

21784-6878

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	9

Transaction ID: SA11.12935584

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JENNIFER WALTER

Mailing Address 1080 CREEK CROSSING

City

COPPELL

State

TX

Zip Code

75019-6384

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	9

Transaction ID: SA11.12929140

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS R. WALTERS

Mailing Address 6510 RUTGERS

City

HOUSTON

State

TX

Zip Code

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer
EXXON MOBIL

Occupation

ENGINEER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	9

Transaction ID: SA11.12923485

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2610.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ROBERT R. WARD

Mailing Address 4230 QUAIL RUN ROAD

City

JACKSON

State

MS

Zip Code

39211

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12934447

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. NINA J. WARTON

Mailing Address P.O. BOX 428

City

GORDON

State

TX

Zip Code

76453-0428

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

HOMEMAKER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930175

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. LONNIE C. WEATHERBY

Mailing Address 1463 SPRINGLEAF CIRCLE SE

City

SMYRNA

State

GA

Zip Code

30080-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

D.A.V.

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941270

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JUDY B. WEAVER

Mailing Address 79166 BURNS CEMETARY RD

City

FOLSOM

State

LA

Zip Code

70437-3110

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE OF LA

Occupation

MEDICAID SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945561

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. MAURICE V. WEBB, JR.

Mailing Address 1156 TREYMOUR WAY

City

KNOXVILLE

State

TN

Zip Code

37922-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12930953

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. CAROL WEIGLE

Mailing Address P.O. BOX 71

City

DILLSBURG

State

PA

Zip Code

17019

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12940293

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 355

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. FRANCIS R. WELLES

Mailing Address 106 WEE LOCH DRIVE

City

CARY

State

NC

Zip Code

27511-3885

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12942971

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. FRANCIS R. WELLES

Mailing Address 106 WEE LOCH DRIVE

City

CARY

State

NC

Zip Code

27511-3885

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12944577

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD H. WELLS

Mailing Address 495 APPLE ST
STE 205

City

RENO

State

NV

Zip Code

89502-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer
WELLS GAMING RESEARCH

Occupation
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12951857

Amount of Each Receipt this Period

12.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1012.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. DELORES M. WHALEN

Mailing Address 5532 PEARCE AVE

City

LAKEWOOD

State

CA

Zip Code

90712-2057

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12934923

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT G. WHELAN

Mailing Address 84 RUNNING CREEK CIRCLE

City

ROCHESTER

State

NY

Zip Code

14623-4159

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12941489

Amount of Each Receipt this Period

105.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DR. FROSTIE A. WHITE

Mailing Address 4007 LANDFALL DR

City

PENSACOLA

State

FL

Zip Code

32507-9296

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
CONSULTING NUCLEAR ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 9

Transaction ID: SA11.12936613

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

455.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. GLENN D. WHITEMAN

Mailing Address 11911 HAMPSTEAD GREEN

City

ELLICOTT CITY

State

MD

Zip Code

21042-7110

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12942853

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. GARY WHITFIELD

Mailing Address 1313 KINYON STREET
APARTMENT 4

City

SOUTH BEND

State

IN

Zip Code

46616-1756

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918211

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOHN W. WIGGINS, JR.

Mailing Address 205 BRWIG ROAD

City

SPRING HOPE

State

NC

Zip Code

27882

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12917537

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN W. WIGGINS, JR.

Mailing Address 205 BRWIG ROAD

City

SPRING HOPE

State

NC

Zip Code

27882

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12934515

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. WIKE

Mailing Address 38 TECUMSEH TRL.

City

BROWNS MILLS

State

NJ

Zip Code

08015-6108

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12934677

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JASPER A. WILKINSON

Mailing Address P.O. BOX 2728

City

CHINO VALLEY

State

AZ

Zip Code

86323-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953221

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. JOHN R. WILLIS

Mailing Address 14 TOP OF HILL LANE

City

CARRIERE

State

MS

Zip Code

39426

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923499

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOSEPH D. WILLIAMS

Mailing Address 300 E PEACH ST

City

ANGLETON

State

TX

Zip Code

77515-4918

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12933936

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. JOSEPH D. WILLIAMS

Mailing Address 300 E PEACH ST

City

ANGLETON

State

TX

Zip Code

77515-4918

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12953714

Amount of Each Receipt this Period

179.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

479.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JUDY WILLIAMS

Mailing Address 806 W 18TH ST

City

ODESSA

State

TX

Zip Code

79763-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	9

Transaction ID: SA11.12929913

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. JUDY WILLIAMS

Mailing Address 806 W 18TH ST

City

ODESSA

State

TX

Zip Code

79763-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	9

Transaction ID: SA11.12930488

Amount of Each Receipt this Period

109.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. TERRY WILLIAMS

Mailing Address P.O. BOX 6

City

LEONARD

State

TX

Zip Code

75452-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	0	9

Transaction ID: SA11.12926403

Amount of Each Receipt this Period

88.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

257.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. BARBARA H. WILSON

Mailing Address 2540 GREEN STREET

City

SAN FRANCISCO

State

CA

Zip Code

94123-4629

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931671

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MRS. BARBARA H. WILSON

Mailing Address 2540 GREEN STREET

City

SAN FRANCISCO

State

CA

Zip Code

94123-4629

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11.12942829

Amount of Each Receipt this Period

750.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. JOANNE G. WILSON

Mailing Address 27 E. BRIAR HOLLOW LANE

City

HOUSTON

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIVER OAKS FINANCIAL

Occupation
DIRECTOR / CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12918608

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. JOANNE G. WILSON

Mailing Address 27 E. BRIAR HOLLOW LANE

City

HOUSTON

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIVER OAKS FINANCIAL

Occupation

DIRECTOR / CONSULTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939604

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. THOMAS WILSON

Mailing Address P.O. BOX 225

City

BROOK

State

IN

Zip Code

47922-0225

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12954179

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GLENN A. WINTEMUTE

Mailing Address 9390 HIGHWAY 140

City

EAGLE POINT

State

OR

Zip Code

97524-4593

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12928621

Amount of Each Receipt this Period

900.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DR. ROBERT C. WOLGAMOTT

Mailing Address 112 N HAYDEN BAY DR

City

PORTLAND

State

OR

Zip Code

97217-7959

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: SA11.12927403

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DR. ROBERT C. WOLGAMOTT

Mailing Address 112 N HAYDEN BAY DR

City

PORTLAND

State

OR

Zip Code

97217-7959

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12939910

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MS. MARGUERITE WOODS

Mailing Address 9316 CLOVERHILL ROAD

City

LITTLE ROCK

State

AR

Zip Code

72205-4617

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12928460

Amount of Each Receipt this Period

55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MS. GLADYS M. WYLIE

Mailing Address 109 W. RAGLEY ST.

City

HENDERSON

State

TX

Zip Code

75654-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12945778

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. ROBERT W. YATES

Mailing Address 2243 PASADENA BLVD

City

PASADENA

State

TX

Zip Code

77502-3177

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAY AREA DEER PROCESSING
INC.

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12931692

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. GEORGE W. YOUNG

Mailing Address 235 WALKER STREET
APARTMENT 252

City

LENOX

State

MA

Zip Code

01240-2749

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12937216

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MRS. NINA YOUNG

Mailing Address 390 LYNN COVE ROAD

City

ASHEVILLE

State

NC

Zip Code

28804-1915

FEC ID number of contributing
federal political committee.

C

Name of Employer
OFFICE ENVIRONMENTS

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952841

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOSEPH ZAPPALA

Mailing Address 19361 WOODLANDS LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92648-5543

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12930792

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. ION L. ZIMMERMAN

Mailing Address 2386 RIDGE RD.

City

PENN YAN

State

NY

Zip Code

14527-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

WOOD WORKING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12944123

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. ION L. ZIMMERMAN

Mailing Address 2386 RIDGE RD.

City

PENN YAN

State

NY

Zip Code

14527-8715

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

WOOD WORKING

Receipt For:

☐ Primary
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12952029

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

BGR GOVERNMENT AFFAIRS, LLC

Mailing Address 601 13TH STREET NW
ELEVENTH FLOOR SOUTH

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12949236

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

ATTRIBUTION / REDESIGNATI-
ON REQUESTED - REFUND TO
BE ISSUED**C.**

Full Name (Last, First, Middle Initial)

RE/MAX ALMANOR PROPERTIES

Mailing Address 313 PENINSULA DRIVE

City

LAKE ALMANOR PENIN

State

CA

Zip Code

96137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12933136

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS
REQUESTED

SUBTOTAL of Receipts This Page (optional)

7110.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 355

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SILVIES VALLEY RANCH, LLC

Mailing Address 7610 SE 162ND AVENUE
SCOTT CAMPBELLCity State Zip Code
PORTLAND OR 97236-4844FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12934435

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

ATTRIBUTION / REDESIGNATI-
ON REQUESTED - REFUND TO
BE ISSUED

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

441052.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BACHUS REELECTION

Mailing Address P.O. BOX 131134

City

BIRMINGHAM

State

AL

Zip Code

35213

FEC ID number of contributing
federal political committee.

C C00260547

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11.12949227

Amount of Each Receipt this Period

25000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)

CASTLE CAMPAIGN FUND

Mailing Address P.O. BOX 133

City

WILMINGTON

State

DE

Zip Code

19899-0133

FEC ID number of contributing
federal political committee.

C C00254938

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12923473

Amount of Each Receipt this Period

25000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)

CHARLES BOUSTANY JR. M.D. FOR CONGRESS INC.

Mailing Address P.O. BOX 80126

City

LAFAYETTE

State

LA

Zip Code

70598-0126

FEC ID number of contributing
federal political committee.

C C00394866

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

37000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949219

Amount of Each Receipt this Period

25000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

75000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CHARLES BOUSTANY JR. M.D. FOR CONGRESS INC.

Mailing Address P.O. BOX 80126

City State Zip Code
LAFAYETTE LA 70598-0126

FEC ID number of contributing
federal political committee. **C** C00394866

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
37000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949221

Amount of Each Receipt this Period

12000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)
COBLE FOR CONGRESS

Mailing Address P.O. BOX 1177

City State Zip Code
GREENSBORO NC 27402

FEC ID number of contributing
federal political committee. **C** C00198796

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
55000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11.12942546

Amount of Each Receipt this Period

25000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)
COFFMAN FOR CONGRESS, INC

Mailing Address 9249 S. BROADWAY BLVD.
#200-501

City State Zip Code
HIGHLANDS RANCH CO 80129

FEC ID number of contributing
federal political committee. **C** C00441006

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949220

Amount of Each Receipt this Period

10000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

47000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COLE FOR CONGRESS

Mailing Address P.O. BOX 722256

City

NORMAN

State

OK

Zip Code

73070-8705

FEC ID number of contributing
federal political committee.

C

C00379735

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12923474

Amount of Each Receipt this Period

2500.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)

DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City

MIDLAND

State

MI

Zip Code

48640-6824

FEC ID number of contributing
federal political committee.

C

C00347476

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12942559

Amount of Each Receipt this Period

2100.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)

FALLIN FOR CONGRESS

Mailing Address P.O. BOX 720634

City

OKLAHOMA CITY

State

OK

Zip Code

73172-0634

FEC ID number of contributing
federal political committee.

C

C00415778

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12949231

Amount of Each Receipt this Period

20000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

24600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF DAVE REICHERT

Mailing Address P.O. BOX 53322

City

BELLEVUE

State

WA

Zip Code

98015

FEC ID number of contributing
federal political committee.

C

C00397737

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1087.88

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12939581

Amount of Each Receipt this Period

1087.88

TRANSFER

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JASON CHAFFETZ

Mailing Address 175 S. WEST TEMPLE
SUITE 650

City

SALT LAKE CITY

State

UT

Zip Code

84101-1422

FEC ID number of contributing
federal political committee.

C

C00431684

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12942561

Amount of Each Receipt this Period

3000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD
SUITE 1-2

City

WEST CHESTER

State

OH

Zip Code

45069-6629

FEC ID number of contributing
federal political committee.

C

C00237198

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12949228

Amount of Each Receipt this Period

12000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

16087.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD
SUITE 1-2

City State Zip Code
WEST CHESTER OH 45069-6629

FEC ID number of contributing
federal political committee. **C** C00237198

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12949229

Amount of Each Receipt this Period

8000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)

GINGREY FOR CONGRESS

Mailing Address P.O. BOX U

City State Zip Code
MARIETTA GA 30061

FEC ID number of contributing
federal political committee. **C** C00370783

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949218

Amount of Each Receipt this Period

60100.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)
INGLIS FOR CONGRESS COMMITTEE INC.

Mailing Address P.O. BOX 210

City State Zip Code
TRAVELERS REST SC 29690-0210

FEC ID number of contributing
federal political committee. **C** C00365379

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949217

Amount of Each Receipt this Period

1000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

69100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JO BONNER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 851232

City

MOBILE

State

AL

Zip Code

36685-1232

FEC ID number of contributing
federal political committee.

C

C00375220

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12934460

Amount of Each Receipt this Period

15000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)

JO BONNER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 851232

City

MOBILE

State

AL

Zip Code

36685-1232

FEC ID number of contributing
federal political committee.

C

C00375220

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12942560

Amount of Each Receipt this Period

6000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)

LATOURETTE FOR CONGRESS

Mailing Address 320 KENARDEN DRIVE

City

HIGHLAND HEIGHTS

State

OH

Zip Code

44143

FEC ID number of contributing
federal political committee.

C

C00284174

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12942542

Amount of Each Receipt this Period

10000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

31000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Mailing Address 3310 S. BROADWAY
SUITE 100

City State Zip Code
TYLER TX 75701-7851

FEC ID number of contributing
federal political committee. **C** C00386532

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949222

Amount of Each Receipt this Period

12000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)
MANZULLO FOR CONGRESS

Mailing Address PO BOX 7783

City State Zip Code
ROCKFORD IL 61126-7783

FEC ID number of contributing
federal political committee. **C**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12923475

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MARY BONO MACK COMMITTEE

Mailing Address P.O. BOX 3370

City State Zip Code
PALM SPRINGS CA 92263-3370

FEC ID number of contributing
federal political committee. **C** C00332890

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12934427

Amount of Each Receipt this Period

3000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

15500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MIKE PENCE COMMITTEE

Mailing Address P.O. BOX 408

City

ANDERSON

State

IN

Zip Code

46015-0408

FEC ID number of contributing
federal political committee.

C

C00350397

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12949230

Amount of Each Receipt this Period

95000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)

SENSENBRENNER COMMITTEE

Mailing Address P.O. BOX 575

City

BROOKFIELD

State

WI

Zip Code

53008-0575

FEC ID number of contributing
federal political committee.

C

C00083428

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12949232

Amount of Each Receipt this Period

1000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)

TEAM EMERSON FOR JO ANN EMERSON

Mailing Address P.O. BOX 822

City

CAPE GIRARDEAU

State

MO

Zip Code

63702-0822

FEC ID number of contributing
federal political committee.

C

C00320457

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12934426

Amount of Each Receipt this Period

5000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional)

101000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
TIBERI FOR CONGRESS

Mailing Address 2021 E. DUBLIN GRANVILLE ROAD
SUITE 2000

City State Zip Code
COLUMBUS OH 43229

FEC ID number of contributing
federal political committee.

C C00347492

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12934459

Amount of Each Receipt this Period

3000.00

TRANSFER

B.

Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 5458

City State Zip Code
SPRINGFIELD IL 62705-5458

FEC ID number of contributing
federal political committee.

C C00258855

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923502

Amount of Each Receipt this Period

15000.00

TRANSFER

C.

Full Name (Last, First, Middle Initial)
AMERICAN HOTEL & LODGING ASSOCIATION

Mailing Address 1201 NEW YORK AVENUE, NW
#600

City State Zip Code
WASHINGTON DC 20005-6191

FEC ID number of contributing
federal political committee.

C C00001198

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12949233

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

33000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 355

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.Full Name (Last, First, Middle Initial)
AMERICAN PSYCHIATRIC ASSOCIATION, PACMailing Address 1000 WILSON BLVD.
SUITE 1825City State Zip Code
ARLINGTON VA 22209-3927FEC ID number of contributing
federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923493

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS AND CONTRACTORS PACMailing Address 4250 FAIRFAX DRIVE
9TH FLOORCity State Zip Code
ARLINGTON VA 22203-1665FEC ID number of contributing
federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12942562

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
AUTOZONE INC. COMMITTEE FOR BETTER GOVERNMENT

Mailing Address 123 S. FRONT STREET

City State Zip Code
MEMPHIS TN 38103-3607FEC ID number of contributing
federal political committee. **C** C00233056

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923494

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BILL PAC

Mailing Address 228 S. WASHINGTON STREET
SUITE 115

City State Zip Code
ALEXANDRIA VA 22314-5404

FEC ID number of contributing
federal political committee.

C C00412288

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12923480

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CASH AMERICA INTERNATIONAL, INC. MULTI-CANDIDATE P.A.C.

Mailing Address 1600 W. 7TH STREET

City State Zip Code
FORT WORTH TX 76102-2500

FEC ID number of contributing
federal political committee.

C C00275529

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12942549

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CHAMPIONS OF AMERICAN FREEDOM-CAFPAC

Mailing Address 228 S. WASHINGTON STREET
SUITE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C C00440024

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12942564

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CITIGROUP INC. PAC - FEDERAL/STATE

Mailing Address 1101 PENNSYLVANIA AVENUE, NW
SUITE 1000

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C00039305

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11.12934455

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CON-WAY INC. PAC

Mailing Address 2855 CAMPUS DRIVE
SUITE 300

City State Zip Code
SAN MATEO CA 94403-2510

FEC ID number of contributing
federal political committee.

C C00110759

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12949237

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
CONSUMER ELECTRONICS ASSOCIATION PAC

Mailing Address 1919 SOUTH EADS STREET

City State Zip Code
ARLINGTON VA 22202

FEC ID number of contributing
federal political committee.

C C00375048

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12934450

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 355

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CONTINUING A MAJORITY PARTY ACTION COMMITTEE- CAMPAC

Mailing Address 5915 EASTMAN AVENUE
SUITE 100City State Zip Code
MIDLAND MI 48640-6824FEC ID number of contributing
federal political committee.**C** C00350462

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11.12942563

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

CREDIT SUISSE SECURITIES (USA) PAC

Mailing Address 1201 F STREET, NW
SUITE 450City State Zip Code
WASHINGTON DC 20004-1217FEC ID number of contributing
federal political committee.**C** C00111559

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12934445

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CRUISE LINES INTERNATIONAL ASSOCIATION PAC

Mailing Address 2111 WILSON BLVD.
8TH FLOORCity State Zip Code
ARLINGTON VA 22201-3001FEC ID number of contributing
federal political committee.**C** C00432393

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11.12942541

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

32000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAY & ZIMMERMAN INC. FEDERAL PAC

Mailing Address 1818 MARKET STREET
22ND PLACE

City State Zip Code
PHILADELPHIA PA 19103-3614

FEC ID number of contributing
federal political committee.

C C00341271

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12923478

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

DIRECT VOICE, THE PAC OF THE DIRECT MARKETING ASSOCIATION

Mailing Address 1111 19TH STREET NW
SUITE 1100

City State Zip Code
WASHINGTON DC 20036-3621

FEC ID number of contributing
federal political committee.

C C00235309

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12942551

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DMJM + HARRIS PAC

Mailing Address 1201 NEW YORK AVENUE NW
SUITE 1000

City State Zip Code
WASHINGTON DC 20005-6197

FEC ID number of contributing
federal political committee.

C C00374447

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12923484

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ELECTRICAL CONTRACTORS, PAC

Mailing Address 3 BETHESDA METRO CENTER
SUITE 1100

City State Zip Code
BETHESDA MD 20814-5330

FEC ID number of contributing
federal political committee.

C C00113811

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12934442

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

EMERSON ELECTRIC CO. RESPONSIBLE GOVT. FUND

Mailing Address 8000 W FLORISSANT AVE
STATION 2310

City State Zip Code
ST. LOUIS MO 63136

FEC ID number of contributing
federal political committee.

C C00080515

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923491

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

EXPERIAN NORTH AMERICA INC. PAC

Mailing Address 475 ANTON BLVD.

City State Zip Code
COSTA MESA CA 92626-7037

FEC ID number of contributing
federal political committee.

C C00379768

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: SA11.12942535

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

22500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FAA MANAGERS ASSOCIATION INC. PAC

Mailing Address 1015 ATLANTIC BLVD
SUITE 245

City ATLANTIC BEACH State FL Zip Code 32233-3313

FEC ID number of contributing federal political committee. **C** C00366070

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: SA11.12923479

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FAA MANAGERS ASSOCIATION INC. PAC

Mailing Address 1015 ATLANTIC BLVD
SUITE 530

City ATLANTIC BEACH State FL Zip Code 32233-3313

FEC ID number of contributing federal political committee. **C** C00366070

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12934451

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

FOOD MARKETING INSTITUTE, PAC

Mailing Address 50 F STREET, NW
6TH FLOOR

City WASHINGTON State DC Zip Code 20001-1523

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12949234

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 355

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.Full Name (Last, First, Middle Initial)
GOLDEN STATE PAC (MANATT PHELPS PHILLIPS)Mailing Address 1212 S. VICTORY BLVD.
SUITE 211City State Zip Code
BURBANK CA 91502-2551FEC ID number of contributing
federal political committee. **C** C00145342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11.12942543

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.Full Name (Last, First, Middle Initial)
HEALTH NET INCORPORATED PACMailing Address 455 CAPITOL MALL
SUITE 801City State Zip Code
SACRAMENTO CA 95814-4420FEC ID number of contributing
federal political committee. **C** C00230789

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12934458

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.Full Name (Last, First, Middle Initial)
MARIJUANA POLICY PROJECT MPP MEDICAL MARIJUANA PAC

Mailing Address P.O. BOX 77492

City State Zip Code
WASHINGTON DC 20013-8492FEC ID number of contributing
federal political committee. **C** C00389882

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949211

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

17500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARLOWE & COMPANY PAC

Mailing Address 1667 K STREET, NW
SUITE 480

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing
federal political committee.

C C00426551

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12934444

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MIDNIGHT SUN PAC

Mailing Address 203 MARYLAND AVENUE NE

City State Zip Code
WASHINGTON DC 20002-5703

FEC ID number of contributing
federal political committee.

C C00345199

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: SA11.12949223

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MWH PAC / MCAPIOTOL MANAGEMENT

Mailing Address 380 INTERLOCKEN CRESCENT
SUITE 200

City State Zip Code
BROOMFIELD CO 80021-8022

FEC ID number of contributing
federal political committee.

C C00242370

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 9

Transaction ID: SA11.12942544

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

18500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 355

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MWW GROUP

Mailing Address ONE MEADOWLANDS PLAZA

City

EAST RUTHERFORD

State

NJ

Zip Code

07073

FEC ID number of contributing
federal political committee.**C**

C00413575

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	2	/	2	0	0	9

Transaction ID: SA11.12923486

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

NAMIC PAC

Mailing Address 3601 VINCENNES ROAD
P.O. BOX 68700

City

INDIANAPOLIS

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.**C**

C00170258

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	0	9

Transaction ID: SA11.12934457

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF BROADCASTERS PAC

Mailing Address 1771 N. STREET NW

City

WASHINGTON

State

DC

Zip Code

20036-2800

FEC ID number of contributing
federal political committee.**C**

C00009985

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	9

Transaction ID: SA11.12949210

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

21250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 355

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATIONAL BUSINESS AVIATION ASSOCIATION, INC., PAC

Mailing Address 1200 18TH STREET, NW
SUITE 400

City	State	Zip Code
WASHINGTON	DC	20036-2506

FEC ID number of contributing
federal political committee.**C** C00319723

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 4	/	0 6	/	2 0 0 9

Transaction ID: SA11.12934433

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

NATIONAL LEAGUE OF POSTMASTERS PAC

Mailing Address 5904 RICHMOND HIGHWAY
SUITE 500

City	State	Zip Code
ALEXANDRIA	VA	22303-1875

FEC ID number of contributing
federal political committee.**C** C00164152

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 4	/	2 2	/	2 0 0 9

Transaction ID: SA11.12942550

Amount of Each Receipt this Period

3800.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

NATIONAL RESTAURANT ASSOCIATION

Mailing Address 1200 17TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing
federal political committee.**C** C00003764

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 4	/	0 3	/	2 0 0 9

Transaction ID: SA11.12923477

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

21300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NAVISTAR GOOD GOVERNMENT FUND

Mailing Address 4201 WINFIELD ROAD
P.O. BOX 1488

City State Zip Code
WARRENVILLE IL 60555

FEC ID number of contributing
federal political committee.

C C00040840

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12942557

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

PATTON BOGGS PAC

Mailing Address 2550 M. STREET NW

City State Zip Code
WASHINGTON DC 20037-1309

FEC ID number of contributing
federal political committee.

C C00401083

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923492

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

PG&E CORPORATION, PAC

Mailing Address 77 BEALE ST.
MAIL CODE:B29H

City State Zip Code
SAN FRANCISCO CA 94105-1814

FEC ID number of contributing
federal political committee.

C C00404079

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA11.12942556

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PRINTING INDUSTRIES OF AMERICA PRINTPAC

Mailing Address 100 DAINGERFIELD ROAD

City

ALEXANDRIA

State

VA

Zip Code

22314-2899

FEC ID number of contributing
federal political committee.

C

C00018028

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12942547

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

PUBLIC SERVICE ENTERPRISE GROUP PAC (PSEG) PEGPAC

Mailing Address 80 PARK PLAZA

City

NEWARK

State

NJ

Zip Code

07102-4109

FEC ID number of contributing
federal political committee.

C

C00383489

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11.12934443

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

REGIONS FINANCIAL CORPORATION PAC

Mailing Address P.O. BOX 11007

City

BIRMINGHAM

State

AL

Zip Code

35288-0002

FEC ID number of contributing
federal political committee.

C

C00432252

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11.12949235

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SIERRA PACIFIC EMPLOYEES PAC

Mailing Address P.O. BOX 81500

City

LAS VEGAS

State

NV

Zip Code

89180

FEC ID number of contributing
federal political committee.

C

C00153379

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12934453

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SOUTHWEST GAS PAC

Mailing Address P.O BOX 98510

City

LAS VEGAS

State

NV

Zip Code

89193

FEC ID number of contributing
federal political committee.

C

C00076737

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 9

Transaction ID: SA11.12934452

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

THE IRVINE COMPANY EMPLOYEES PAC

Mailing Address 550 NEWPORT CENTER DRIVE

City

NEWPORT BEACH

State

CA

Zip Code

92660-7011

FEC ID number of contributing
federal political committee.

C

C00131615

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11.12942548

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
TIME WARNER CABLE INC. FEDERAL PAC

Mailing Address 800 CONNECTICUT AVENUE NW
SUITE 1200

City State Zip Code
WASHINGTON DC 20006-2709

FEC ID number of contributing
federal political committee. **C** C00431551

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: SA11.12923490

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
US ONCOLOGY GOOD GOVERNMENT COMMITTEE

Mailing Address 10101 WOODLOCH FOREST DRIVE
SUITE 1300

City State Zip Code
THE WOODLANDS TX 77380-1975

FEC ID number of contributing
federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11.12934456

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
USAA GROUP PAC

Mailing Address 9800 FREDRICKSBURG ROAD
ROOM 501

City State Zip Code
SAN ANTONIO TX 78288-0001

FEC ID number of contributing
federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12923483

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
VOUGHT AIRCRAFT INDUSTRIES INC. PAC

Mailing Address P.O. BOX 655907

City State Zip Code
DALLAS TX 75265-5907

FEC ID number of contributing
federal political committee. **C** C00361949

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11.12934434

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
WEDGE PAC

Mailing Address P.O. BOX 680063

City State Zip Code
FRANKLIN TN 37068-0063

FEC ID number of contributing
federal political committee. **C** C00409276

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 9

Transaction ID: SA11.12934466

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WENDY'S/ARBY'S GROUP PAC

Mailing Address 4288 W. DUBLIN GRANVILLE ROAD

City State Zip Code
DUBLIN OH 43017-1442

FEC ID number of contributing
federal political committee. **C** C00369090

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11.12934467

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 355

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WEYERHAEUSER COMPANY PAC

Mailing Address 1100 CONNECTICUT AVENUE NW
#530

City State Zip Code
WASHINGTON DC 20036-4101

FEC ID number of contributing
federal political committee.

C C00007948

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12923482

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

WINE AND SPIRITS WHOLESALERS OF AMERICA, PAC

Mailing Address 805 15TH STREET, NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00147173

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 9

Transaction ID: SA11.12923481

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

730337.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 355

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PRICE FREEDOM FUND

Mailing Address 2814 SPRING ROAD
SUITE 210

City State Zip Code
ATLANTA GA 30339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

59974.31

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA12.PFF

Amount of Each Receipt this Period

59974.31

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B.

Full Name (Last, First, Middle Initial)

MRS. BARBARA GABY

Mailing Address 445 OLD HOMESTEAD TRAIL

City State Zip Code
DULUTH GA 30097

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA12.2P

Amount of Each Receipt this Period

30400.00

TRANSFER

[MEMO ITEM]
JFC ATTRIBUTION - PRICE
FREEDOM FUND

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD GABY

Mailing Address 445 OLD HOMESTEAD TRAIL

City State Zip Code
DULUTH GA 30097

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA12.1P

Amount of Each Receipt this Period

30400.00

TRANSFER

[MEMO ITEM]
JFC ATTRIBUTION - PRICE
FREEDOM FUND

SUBTOTAL of Receipts This Page (optional)

59974.31

TOTAL This Period (last page this line number only)

59974.31

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 355

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI-DAYTON RD
SUITE I-2City State Zip Code
WEST CHESTER OH 45069FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8821.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA15-0.000365

Amount of Each Receipt this Period

1643.90

REIMBURSEMENT - TRAVEL

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address 20002 NORTH 19TH AVE

City State Zip Code
PHOENIX AZ 85027FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1843.74

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA15-0.000357

Amount of Each Receipt this Period

193.70

REFUND - TRAVEL

C.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address 20002 NORTH 19TH AVE

City State Zip Code
PHOENIX AZ 85027FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1843.74

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA15-0.000358

Amount of Each Receipt this Period

304.10

REFUND - TRAVEL

SUBTOTAL of Receipts This Page (optional)

2141.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 355

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAMPBELL HOLSTE

Mailing Address 140 LITTLETON RD
STE 320

City State Zip Code
PARSIPPANY NJ 07054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18554.74

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA15-0.000359

Amount of Each Receipt this Period

3992.60

REFUND - MEDIA

B.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City State Zip Code
WASHINGTON DC 20013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5319.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA15-0.000360

Amount of Each Receipt this Period

5319.30

REFUND - TAXES

C.

Full Name (Last, First, Middle Initial)

FEDEX

Mailing Address PO BOX 262683

City State Zip Code
PLANO TX 75026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5653.15

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA15-0.000356

Amount of Each Receipt this Period

5653.15

REFUND - DELIVERY

SUBTOTAL of Receipts This Page (optional)

14965.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 355

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MAMSI LIFE AND HEALTH

Mailing Address PO BOX 13615

City

PHILADELPHIA

State

PA

Zip Code

19101-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2057.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA15-0.000361

Amount of Each Receipt this Period

1028.64

REFUND - INSURANCE

B.

Full Name (Last, First, Middle Initial)

MAMSI LIFE AND HEALTH

Mailing Address PO BOX 13615

City

PHILADELPHIA

State

PA

Zip Code

19101-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2057.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA15-0.000367

Amount of Each Receipt this Period

1028.64

REFUND - INSURANCE

C.

Full Name (Last, First, Middle Initial)

REVOLUTION MEDIA GROUP

Mailing Address 1090 VERMONT AVE NW
STE 230

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35270.11

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: SA15-0.000366

Amount of Each Receipt this Period

35270.11

REFUND - MEDIA

SUBTOTAL of Receipts This Page (optional)

37327.39

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 355

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NASSAU CO GOP

Mailing Address 164 POST AVENUE

City

WESTBURY

State

NY

Zip Code

11590

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1643.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	9	

Transaction ID: SA15-0.000364

Amount of Each Receipt this Period

1643.90

REIMBURSEMENT - TRAVEL

SUBTOTAL of Receipts This Page (optional)

1643.90

TOTAL This Period (last page this line number only)

56078.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 355

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ED ROYCE FOR CONGRESS

Mailing Address P.O. BOX 2525

City

ORANGE

State

CA

Zip Code

92859-6765

FEC ID number of contributing
federal political committee.

C

C00200865

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA17.12949299

Amount of Each Receipt this Period

1000.00

RECOUNT

B.

Full Name (Last, First, Middle Initial)

REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003-1885

FEC ID number of contributing
federal political committee.

C

C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA17.12949300

Amount of Each Receipt this Period

25000.00

RECOUNT

SUBTOTAL of Receipts This Page (optional)

26000.00

TOTAL This Period (last page this line number only)

26000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 247 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF BOBBY JINDAL

Mailing Address PO BOX 86258

City BATON ROUGE State LA Zip Code 70879

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007693

Date of Disbursement

/ /

Amount of Each Disbursement this Period

219.10

B.

Full Name (Last, First, Middle Initial)
ALEXANDRA ALMOUR

Mailing Address 38 LAKEWOOD DR

City DENVILLE State NJ Zip Code 07834

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007901

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5455.80

C.

Full Name (Last, First, Middle Initial)
WHITAKER L ASKEW

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007792

Date of Disbursement

/ /

Amount of Each Disbursement this Period

415.71

SUBTOTAL of Disbursements This Page (optional)

6090.61

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 250 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL F BOBER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007965

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

1948.81

B.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007796

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

1036.51

C.

Full Name (Last, First, Middle Initial)

NATALIE BUCHANAN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007966

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

1031.35

SUBTOTAL of Disbursements This Page (optional)

4016.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 251 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RYAN BURCHFIELD

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007902

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

140.60

B.

Full Name (Last, First, Middle Initial)

JOANNA BURGOS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007797

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

1850.15

C.

Full Name (Last, First, Middle Initial)

JOANNA BURGOS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007969

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

1845.00

SUBTOTAL of Disbursements This Page (optional)

3835.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 252 / 355

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ERIM V CANLIGIL

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007801

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1209.84

B.

Full Name (Last, First, Middle Initial)

ERIM V CANLIGIL

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007859

Date of Disbursement

/ /

Amount of Each Disbursement this Period

61.60

C.

Full Name (Last, First, Middle Initial)

ERIM V CANLIGIL

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007967

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1204.70

SUBTOTAL of Disbursements This Page (optional)

2476.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 253 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN CASSIDY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007861

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

13.78

B.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007800

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

885.98

C.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007968

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

880.83

SUBTOTAL of Disbursements This Page (optional)

1780.59

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 254 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN CIAMPOLI

Mailing Address 677 BROADWAY
SUITE 202

City ALBANY State NY Zip Code 12207

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007939

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

40000.00

B.

Full Name (Last, First, Middle Initial)

TOM COLE

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007781

Date of Disbursement

04 / 09 / 2009

Amount of Each Disbursement this Period

1774.90

C.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007799

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

1144.84

SUBTOTAL of Disbursements This Page (optional)

42919.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 255 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JOHN R CRISCUOLO	Transaction ID: SB21-0.007971 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>1</td><td>3</td><td>9</td><td>.</td><td>7</td><td>0</td> </tr> </table>	1	1	3	9	.	7	0													
1	1	3	9	.	7	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CALEB F CROSBY	Transaction ID: SB21-0.007802 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>3</td><td>9</td><td>0</td><td>5</td><td>.</td><td>5</td><td>5</td> </tr> </table>	3	9	0	5	.	5	5													
3	9	0	5	.	5	5															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CALEB F CROSBY	Transaction ID: SB21-0.007970 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>3</td><td>8</td><td>9</td><td>2</td><td>.</td><td>4</td><td>1</td> </tr> </table>	3	8	9	2	.	4	1													
3	8	9	2	.	4	1															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8937.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN T CUMMINS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007907

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

279.70

B.

Full Name (Last, First, Middle Initial)

JOSH DANIELS

Mailing Address 4509 BEECHWOOD RD

City
COLLEGE PARK

State
MD

Zip Code
20740

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007942

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

1600.00

C.

Full Name (Last, First, Middle Initial)

JORDAN N DAVIS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007803

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

1708.11

SUBTOTAL of Disbursements This Page (optional)

3587.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JORDAN N DAVIS	Transaction ID: SB21-0.007972 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>7</td><td>0</td><td>8</td><td>.</td><td>1</td><td>2</td> </tr> </table>	1	7	0	8	.	1	2													
1	7	0	8	.	1	2															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JOHN J DESTEFANO	Transaction ID: SB21-0.007804 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>2</td><td>9</td><td>7</td><td>0</td><td>.</td><td>7</td><td>7</td> </tr> </table>	2	9	7	0	.	7	7													
2	9	7	0	.	7	7															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JOHN J DESTEFANO	Transaction ID: SB21-0.007973 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>2</td><td>9</td><td>6</td><td>5</td><td>.</td><td>6</td><td>1</td> </tr> </table>	2	9	6	5	.	6	1													
2	9	6	5	.	6	1															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7644.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MARIA I DIESEL	Transaction ID: SB21-0.007943 Date of Disbursement																				
Mailing Address 1533 JOHNNYS WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WEST CHESTER State PA Zip Code 19382	Amount of Each Disbursement this Period																				
Purpose of Disbursement FINANCE CONSULTING Candidate Name	<table border="1"> <tr> <td colspan="10">1156.00</td> </tr> </table>	1156.00																			
1156.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) THOMAS J DUNN	Transaction ID: SB21-0.007805 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1271.57</td> </tr> </table>	1271.57																			
1271.57																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) THOMAS J DUNN	Transaction ID: SB21-0.007974 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1266.43</td> </tr> </table>	1266.43																			
1266.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3694.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES DURRETT

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007806

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

1525.16

B.

Full Name (Last, First, Middle Initial)

JAMES DURRETT

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007975

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

1520.00

C.

Full Name (Last, First, Middle Initial)

BRANDON EDEN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007944

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

135.70

SUBTOTAL of Disbursements This Page (optional)

3180.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 260 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) BRANDON T EDEN <hr/> Mailing Address 320 1ST ST SE	Transaction ID: SB21-0.007807 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1127.84</td> </tr> </table>	1127.84																			
1127.84																					
B. Full Name (Last, First, Middle Initial) BRANDON T EDEN <hr/> Mailing Address 320 1ST ST SE	Transaction ID: SB21-0.007976 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1114.72</td> </tr> </table>	1114.72																			
1114.72																					
C. Full Name (Last, First, Middle Initial) TRENT T EDWARDS <hr/> Mailing Address 320 1ST ST SE	Transaction ID: SB21-0.007694 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	9												
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement TRAVEL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2261.00</td> </tr> </table>	2261.00																			
2261.00																					

SUBTOTAL of Disbursements This Page (optional)

4503.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 261 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007808

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

2276.59

B.

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007909

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

52.48

C.

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007977

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

2271.43

SUBTOTAL of Disbursements This Page (optional)

4600.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 262 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LYNDA S EHLERS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007809

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1410.44

B.

Full Name (Last, First, Middle Initial)

LYNDA S EHLERS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007978

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1405.29

C.

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007810

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2011.63

SUBTOTAL of Disbursements This Page (optional)

4827.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 263 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GABRIELE FORSYTH

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007979

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

2006.46

B.

Full Name (Last, First, Middle Initial)

JESSICA C FURST

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007811

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

3476.14

C.

Full Name (Last, First, Middle Initial)

JESSICA C FURST

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007945

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

741.94

SUBTOTAL of Disbursements This Page (optional)

6224.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 264 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JESSICA C FURST	Transaction ID: SB21-0.007980 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>3</td><td>4</td><td>7</td><td>0</td><td>.</td><td>9</td><td>9</td> </tr> </table>	3	4	7	0	.	9	9													
3	4	7	0	.	9	9															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TIMOTHY M GARON	Transaction ID: SB21-0.007812 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>2</td><td>2</td><td>3</td><td>5</td><td>.</td><td>5</td><td>9</td> </tr> </table>	2	2	3	5	.	5	9													
2	2	3	5	.	5	9															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TIMOTHY M GARON	Transaction ID: SB21-0.007981 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>2</td><td>2</td><td>3</td><td>0</td><td>.</td><td>4</td><td>4</td> </tr> </table>	2	2	3	0	.	4	4													
2	2	3	0	.	4	4															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7937.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 265 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007813

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

1111.63

B.

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007986

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

1106.49

C.

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007814

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

2688.72

SUBTOTAL of Disbursements This Page (optional)

4906.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 266 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007982

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

2675.59

B.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007745

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

157.27

C.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007816

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

3582.61

SUBTOTAL of Disbursements This Page (optional)

6415.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 267 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007869

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

991.90

B.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007983

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

3569.48

C.

Full Name (Last, First, Middle Initial)

JULIE B HODGSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007815

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

1273.49

SUBTOTAL of Disbursements This Page (optional)

5834.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 268 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JULIE B HODGSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007870

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

93.77

B.

Full Name (Last, First, Middle Initial)

JULIE B HODGSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007984

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

1268.34

C.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007817

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

1800.64

SUBTOTAL of Disbursements This Page (optional)

3162.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 269 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ROBERT P HONOLD	Transaction ID: SB21-0.007985 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2118.58</td> </tr> </table>	2118.58																			
2118.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DAN HUBER	Transaction ID: SB21-0.007947 Date of Disbursement																				
Mailing Address PO BOX 304	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City GERING State NE Zip Code 69341	Amount of Each Disbursement this Period																				
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CURTIS ISAKSON	Transaction ID: SB21-0.007818 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">665.56</td> </tr> </table>	665.56																			
665.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4284.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CURTIS ISAKSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007987

Date of Disbursement

/ /

Amount of Each Disbursement this Period

660.41

B.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007752

Date of Disbursement

/ /

Amount of Each Disbursement this Period

72.50

C.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1348.56

SUBTOTAL of Disbursements This Page (optional)

2081.47

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 273 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007821

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1506.44

B.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007990

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1501.29

C.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007822

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1039.10

SUBTOTAL of Disbursements This Page (optional)

4046.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 274 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) MARY E KAHLSTORF	Transaction ID: SB21-0.007991 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1033.96</td> </tr> </table>	1033.96																			
1033.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) MICHAEL R KAPLAN	Transaction ID: SB21-0.007823 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">750.14</td> </tr> </table>	750.14																			
750.14																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MICHAEL R KAPLAN	Transaction ID: SB21-0.007992 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">744.98</td> </tr> </table>	744.98																			
744.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2529.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 275 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ELIZABETH C KELLY	Transaction ID: SB21-0.007824 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>3</td><td>2</td><td>4</td><td>.</td><td>9</td> </tr> </table>	1	3	2	4	.	9														
1	3	2	4	.	9																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ELIZABETH C KELLY	Transaction ID: SB21-0.007993 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>3</td><td>1</td><td>9</td><td>.</td><td>7</td> </tr> </table>	1	3	1	9	.	7														
1	3	1	9	.	7																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BRICE A KORNEGAY	Transaction ID: SB21-0.007825 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>3</td><td>2</td><td>7</td><td>.</td><td>0</td> </tr> </table>	1	3	2	7	.	0														
1	3	2	7	.	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3971.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRICE A KORNEGAY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007886

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

32.82

B.

Full Name (Last, First, Middle Initial)

BRICE A KORNEGAY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007890

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

4155.19

C.

Full Name (Last, First, Middle Initial)

BRICE A KORNEGAY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007994

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

1321.91

SUBTOTAL of Disbursements This Page (optional)

5509.92

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 279 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SALLY D MCALLISTER

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007997

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

2843.43

B.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007830

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

415.12

C.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007888

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

4587.57

SUBTOTAL of Disbursements This Page (optional)

7846.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 280 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007950

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6436.46

B.

Full Name (Last, First, Middle Initial)

KEVIN W MCGRANN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007998

Date of Disbursement

/ /

Amount of Each Disbursement this Period

409.96

C.

Full Name (Last, First, Middle Initial)

KEN MCKAY

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007920

Date of Disbursement

/ /

Amount of Each Disbursement this Period

281.20

SUBTOTAL of Disbursements This Page (optional)

7127.62

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 281 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) CHRISTEN E MOGAVERO	Transaction ID: SB21-0.007831 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1235.49</td> </tr> </table>	1235.49																			
1235.49																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CHRISTEN E MOGAVERO	Transaction ID: SB21-0.007999 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1230.34</td> </tr> </table>	1230.34																			
1230.34																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) EDWARD G MULLEN	Transaction ID: SB21-0.007783 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	9		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">249.00</td> </tr> </table>	249.00																			
249.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2714.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 282 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007832

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

1884.34

B.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008000

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

1879.18

C.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007833

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

1822.20

SUBTOTAL of Disbursements This Page (optional)

5585.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 283 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008001

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

1817.06

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER T PARANA

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007834

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

494.72

C.

Full Name (Last, First, Middle Initial)

MARY A PAUGH

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007835

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

696.17

SUBTOTAL of Disbursements This Page (optional)

3007.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 284 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN PHILLIPE

Mailing Address 1320 N VEITCH ST

City
ARLINGTON

State
VA

Zip Code
22201

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007951

Date of Disbursement

/ /

Amount of Each Disbursement this Period

169.20

B.

Full Name (Last, First, Middle Initial)

THOMAS PREWITT

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008002

Date of Disbursement

/ /

Amount of Each Disbursement this Period

984.40

C.

Full Name (Last, First, Middle Initial)

JOHN RANDALL

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007704

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)

1173.60

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 286 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ASHLEE G REID

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007837

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

85.27

B.

Full Name (Last, First, Middle Initial)

AARON RINGEL

Mailing Address 1036 16TH ST S

City
ARLINGTON

State
VA

Zip Code
22202

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007952

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

THOMAS ROBERTS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007926

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

968.33

SUBTOTAL of Disbursements This Page (optional)

2553.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 287 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007838

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

891.70

B.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008004

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

886.55

C.

Full Name (Last, First, Middle Initial)

PABLO SANCHEZ

Mailing Address 1032 N DANVILLE ST

City
ARLINGTON

State
VA

Zip Code
22204

Purpose of Disbursement
PERSONNEL SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007716

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

4724.75

SUBTOTAL of Disbursements This Page (optional)

6503.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 288 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JOSEPH SCIARRINO	Transaction ID: SB21-0.007927 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>10.00</td> </tr> </table>	10.00																			
10.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JOSEPH G SCIARRINO	Transaction ID: SB21-0.007839 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1195.63</td> </tr> </table>	1195.63																			
1195.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JOSEPH G SCIARRINO	Transaction ID: SB21-0.008005 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1190.47</td> </tr> </table>	1190.47																			
1190.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2396.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 289 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHAHLA SEABORN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007785

Date of Disbursement

04 / 09 / 2009

Amount of Each Disbursement this Period

55.00

B.

Full Name (Last, First, Middle Initial)

SHAHLA SEABORN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007840

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

3202.89

C.

Full Name (Last, First, Middle Initial)

SHAHLA SEABORN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008006

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

3202.89

SUBTOTAL of Disbursements This Page (optional)

6460.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 290 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DONALD P SEYMOUR, JR

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007841

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

748.19

B.

Full Name (Last, First, Middle Initial)

DONALD P SEYMOUR, JR

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008007

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

743.03

C.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007842

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

2534.11

SUBTOTAL of Disbursements This Page (optional)

4025.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 291 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007928

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

1948.90

B.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008008

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

2528.94

C.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007844

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

4079.67

SUBTOTAL of Disbursements This Page (optional)

8557.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 292 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007878

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

142.56

B.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007929

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007953

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)

222.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 293 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008010

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4074.51

B.

Full Name (Last, First, Middle Initial)

KARA M SIDONE

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007843

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1393.64

C.

Full Name (Last, First, Middle Initial)

KARA M SIDONE

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008015

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1388.49

SUBTOTAL of Disbursements This Page (optional)

6856.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 294 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007787

Date of Disbursement

/ /

Amount of Each Disbursement this Period

55.00

B.

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007845

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2600.83

C.

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008012

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2595.68

SUBTOTAL of Disbursements This Page (optional)

5251.51

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 296 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID C STEWART

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007847

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

539.63

B.

Full Name (Last, First, Middle Initial)

EDWARD VERRILL

Mailing Address 2 WEST WINDSOR AVE

City
ALEXANDRIA

State
VA

Zip Code
22301

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007959

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

3285.71

C.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007849

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

4040.36

SUBTOTAL of Disbursements This Page (optional)

7865.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 297 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ELIZABETH W VERRILL	Transaction ID: SB21-0.007874 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>6</td><td>9</td><td>8</td><td>.</td><td>4</td><td>2</td> </tr> </table>	6	9	8	.	4	2														
6	9	8	.	4	2																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ELIZABETH W VERRILL	Transaction ID: SB21-0.008016 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>4</td><td>0</td><td>2</td><td>7</td><td>.</td><td>2</td><td>1</td> </tr> </table>	4	0	2	7	.	2	1													
4	0	2	7	.	2	1															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) MARY ANN VOIGT	Transaction ID: SB21-0.007850 Date of Disbursement																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>1</td><td>4</td><td>4</td><td>7</td><td>.</td><td>0</td><td>9</td> </tr> </table>	1	4	4	7	.	0	9													
1	4	4	7	.	0	9															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6172.72

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 299 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007873

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	9

Amount of Each Disbursement this Period

1831.90

B.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008018

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

Amount of Each Disbursement this Period

3578.04

C.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007852

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	9

Amount of Each Disbursement this Period

1385.56

SUBTOTAL of Disbursements This Page (optional)

6795.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 300 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008019

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

Amount of Each Disbursement this Period

1380.41

B.

Full Name (Last, First, Middle Initial)

SCOTT YELDELL

Mailing Address 912 HINSDALE DR

City
FORT COLLINSState
COZip Code
80526Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007961

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

1-800-GOT-JUNK?

Mailing Address 4815 ST ELMO AVE

City
BETHESDAState
MDZip Code
20814Purpose of Disbursement
UTILITIES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007899

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	9

Amount of Each Disbursement this Period

390.22

SUBTOTAL of Disbursements This Page (optional)

5770.63

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 301 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ACE BEVERAGE

Mailing Address 3301 NEW MEXICO AVE NW

City
WASHINGTONState
DCZip Code
99999Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007733

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Amount of Each Disbursement this Period

10824.30

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 1270

City
NEWARKState
NJZip Code
07101-1270Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007770

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Amount of Each Disbursement this Period

46261.14

C.

Full Name (Last, First, Middle Initial)

ACOM SOLUTIONS

Mailing Address 2850 E 29TH ST

City
LONG BEACHState
CAZip Code
90806Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008337

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Amount of Each Disbursement this Period

155.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)

57085.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 302 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) AMAZON COM	Transaction ID: SB21-0.008339 Date of Disbursement																				
Mailing Address 1200 12TH AVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
City SEATTLE State WA Zip Code 98144	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">46.79</td> </tr> </table>	46.79																			
46.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) AMERICAN AIRLINES	Transaction ID: SB21-0.008341 Date of Disbursement																				
Mailing Address PO BOX 620081	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
City DALLAS State TX Zip Code 75262	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">324.40</td> </tr> </table>	324.40																			
324.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BULK REGISTER COM	Transaction ID: SB21-0.008351 Date of Disbursement																				
Mailing Address 5505 N CUMBERLAND AVE STE 307	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	6		2	0	0	9												
City CHICAGO State IL Zip Code 60656-1471	Amount of Each Disbursement this Period																				
Purpose of Disbursement WEB SERVICE	<table border="1"> <tr> <td colspan="10">12.95</td> </tr> </table>	12.95																			
12.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAESARS MESA GRILL

Mailing Address **3570 LAS VEGAS BLVD**

City **LAS VEGAS** State **NV** Zip Code **89109**

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008343

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1163.26

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

CHARLIE PALMER STEAKHOUSE

Mailing Address **101 CONSTITUTION AVE NW**

City **WASHINGTON** State **DC** Zip Code **20001**

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008345

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8666.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

COSI

Mailing Address **1751 LAKE COOK RD**

City **CHICAGO** State **IL** Zip Code **60015**

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008347

Date of Disbursement

/ /

Amount of Each Disbursement this Period

222.34

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COSTCO CORP

Mailing Address 999 LAKE DR

City
ISSAQUAH

State
WA

Zip Code
98027

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008349

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2009

Amount of Each Disbursement this Period

4018.29

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

EACCESS SOLUTIONS

Mailing Address 407 N QUENTIN RD

City
PALATINE

State
IL

Zip Code
60067

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008353

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2009

Amount of Each Disbursement this Period

49.79

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

HARD ROCK CAFE WASHINGTON DC

Mailing Address 610 10TH ST NW
STE 200

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008360

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2009

Amount of Each Disbursement this Period

23000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ORIENTAL TRADING COMPANY

Mailing Address PO BOX 2308

City
OMAHA

State
NE

Zip Code
68103

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008362

Date of Disbursement

/ /

Amount of Each Disbursement this Period

175.83

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

SAFEWAY

Mailing Address 5918 STONERIDGE MALL RD

City
PLEASANTON

State
CA

Zip Code
94588

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008364

Date of Disbursement

/ /

Amount of Each Disbursement this Period

388.28

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address PO BOX 25505

City
LEHIGH VALLEY

State
PA

Zip Code
18002-5505

Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008366

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6183.21

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 306 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
WASHINGTON METRO AREA TRANSIT AUTHORITY

Mailing Address 600 5TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008368

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

1855.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101-1270

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007893

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

814.20

C. Full Name (Last, First, Middle Initial)
AMERICAN AIRLINES

Mailing Address PO BOX 620081

City DALLAS State TX Zip Code 75262

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008457

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

814.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

814.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 307 / 355

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008101

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1819.18

B. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008103

Date of Disbursement

/ /

Amount of Each Disbursement this Period

198.59

C. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008106

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2418.96

SUBTOTAL of Disbursements This Page (optional)

4436.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AT&T MOBILITY

Mailing Address PO BOX 6463

City
CAROL STREAM

State
IL

Zip Code
60197-6463

Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007736

Date of Disbursement

/ /

Amount of Each Disbursement this Period

640.22

B.

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City
LOUISVILLE

State
KY

Zip Code
40290-1006

Purpose of Disbursement
PAYROLL SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007735

Date of Disbursement

/ /

Amount of Each Disbursement this Period

303.45

C.

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City
LOUISVILLE

State
KY

Zip Code
40290-1006

Purpose of Disbursement
PAYROLL SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007900

Date of Disbursement

/ /

Amount of Each Disbursement this Period

488.30

SUBTOTAL of Disbursements This Page (optional)

1431.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AVIS RENT A CAR SYSTEM INC

Mailing Address 7876 COLLECTIONS CENTER DR

City
CHICAGO

State
IL

Zip Code
60693

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007737

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2289.16

B.

Full Name (Last, First, Middle Initial)

AVIS RENT A CAR SYSTEM INC

Mailing Address 7876 COLLECTIONS CENTER DR

City
CHICAGO

State
IL

Zip Code
60693

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007941

Date of Disbursement

/ /

Amount of Each Disbursement this Period

602.38

C.

Full Name (Last, First, Middle Initial)

CALVERT-JONES COMPANY

Mailing Address 5703 EDSALL RD

City
ALEXANDRIA

State
VA

Zip Code
22304

Purpose of Disbursement
EQUIPMENT MAINTENANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007903

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

5891.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 310 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 118 N. SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007904

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

10300.00

B.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 118 N. SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008227

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

61.01

C.

Full Name (Last, First, Middle Initial)

CAMPAIGN SOLUTIONS

Mailing Address 118 N. SAINT ASAPH ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008228

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

86.15

SUBTOTAL of Disbursements This Page (optional)

10447.16

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 312 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007860

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

4870.85

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City
FALLS CHURCH

State
VA

Zip Code
22042

Purpose of Disbursement
LIST MANAGEMENT SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007692

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

3478.39

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City
FALLS CHURCH

State
VA

Zip Code
22042

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007741

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

5930.96

SUBTOTAL of Disbursements This Page (optional)

14280.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 313 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City
FALLS CHURCH

State
VA

Zip Code
22042

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007862

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3312.22

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City
FALLS CHURCH

State
VA

Zip Code
22042

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007905

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12909.91

C.

Full Name (Last, First, Middle Initial)

COLD HARBOR FILMS

Mailing Address 815 SLATERS LN

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
MEDIA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007863

Date of Disbursement

/ /

Amount of Each Disbursement this Period

19739.50

SUBTOTAL of Disbursements This Page (optional)

35961.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 314 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COLUMBIA BOOKS

Mailing Address 8120 WOODMONT AVE
SUITE 110

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007864

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

14000.00

B.

Full Name (Last, First, Middle Initial)

COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007855

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

200.04

C.

Full Name (Last, First, Middle Initial)

COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008021

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

102.90

SUBTOTAL of Disbursements This Page (optional)

14302.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 315 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CONFERENCE AMERICA INC

Mailing Address PO BOX 241188

City
MONTGOMERY

State
AL

Zip Code
36124-1188

Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007865

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

3389.10

B.

Full Name (Last, First, Middle Initial)

CONRAD DIRECT INC

Mailing Address 300 KNICKERBOCKER RD

City
CRESSKILL

State
NJ

Zip Code
07626

Purpose of Disbursement
LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007690

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

1000.10

C.

Full Name (Last, First, Middle Initial)

COVINGTON AND BURLING

Mailing Address 1201 PENNSYLVANIA AVE NW

City
WASHINGTON

State
DC

Zip Code
20004-2401

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007691

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

8484.00

SUBTOTAL of Disbursements This Page (optional)

12873.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 316 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DATALAB USA LLC

Mailing Address 20261 GOLDENROD LN

City
GERMANTOWN

State
MD

Zip Code
20876

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007743

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

3200.00

B.

Full Name (Last, First, Middle Initial)

DATALAB USA LLC

Mailing Address 20261 GOLDENROD LN

City
GERMANTOWN

State
MD

Zip Code
20876

Purpose of Disbursement
LIST MANAGEMENT SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007866

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City
WASHINGTON

State
DC

Zip Code
20013

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007853

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

3681.71

SUBTOTAL of Disbursements This Page (optional)

9881.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 317 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City
WASHINGTON

State
DC

Zip Code
20013

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007854

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.89

B.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 96384

City
WASHINGTON

State
DC

Zip Code
20090-6384

Purpose of Disbursement
TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007867

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2424.00

C.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City
WASHINGTON

State
DC

Zip Code
20013

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008026

Date of Disbursement

/ /

Amount of Each Disbursement this Period

65.23

SUBTOTAL of Disbursements This Page (optional)

2580.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 318 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 37630

City
WASHINGTON

State
DC

Zip Code
20013

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008027

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3737.09

B.

Full Name (Last, First, Middle Initial)

DESIGN CUISINE

Mailing Address 2659 SOUTH SHIRLINGTON RD

City
ARLINGTON

State
VA

Zip Code
22206

Purpose of Disbursement
CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007908

Date of Disbursement

/ /

Amount of Each Disbursement this Period

83441.23

C.

Full Name (Last, First, Middle Initial)

DIRECT MAIL SOLUTIONS

Mailing Address 2001 DABNEY RD

City
RICHMOND

State
VA

Zip Code
23230

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007896

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12500.00

SUBTOTAL of Disbursements This Page (optional)

99678.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 319 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

E2C CONSULTING INC

Mailing Address PO BOX 29576

City
WASHINGTON

State
DC

Zip Code
20017

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007711

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

20000.00

B.

Full Name (Last, First, Middle Initial)

EPIPHANY PRODUCTIONS INC

Mailing Address 104 E HUME AVE

City
ALEXANDRIA

State
VA

Zip Code
22301

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007712

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

10039.72

C.

Full Name (Last, First, Middle Initial)

GULF DIRECT

Mailing Address 8303 MOPAC
STE A203

City
AUSTIN

State
TX

Zip Code
78759

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007946

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

16959.67

SUBTOTAL of Disbursements This Page (optional)

46999.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 320 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOLTZMAN VOGEL PLLC

Mailing Address 98 ALEXANDRIA PIKE
STE 53

City WARRENTON State VA Zip Code 20186

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007912

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

10281.03

B.

Full Name (Last, First, Middle Initial)

HOON DESIGNS LLC

Mailing Address 2800 SHIRLINGTON RD
STE 920

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007913

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

2750.00

C.

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007717

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

23031.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ICS CORPORATION

Mailing Address 2225 RICHMOND ST

City
PHILADELPHIA

State
PA

Zip Code
19125

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007895

Date of Disbursement

04 / 14 / 2009

Amount of Each Disbursement this Period

33319.93

B.

Full Name (Last, First, Middle Initial)

ICS CORPORATION

Mailing Address 2225 RICHMOND ST

City
PHILADELPHIA

State
PA

Zip Code
19125

Purpose of Disbursement
PRINTING/POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007914

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

38568.75

C.

Full Name (Last, First, Middle Initial)

ICS CORPORATION

Mailing Address 2225 RICHMOND ST

City
PHILADELPHIA

State
PA

Zip Code
19125

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007940

Date of Disbursement

04 / 23 / 2009

Amount of Each Disbursement this Period

15900.30

SUBTOTAL of Disbursements This Page (optional) ►

87788.98

TOTAL This Period (last page this line number only) ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City
AKRON

State
OH

Zip Code
44333

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007916

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10373.50

B.

Full Name (Last, First, Middle Initial)

INSIGHT DIRECT INC

Mailing Address PO BOX 78825

City
PHOENIX

State
AZ

Zip Code
85062-8825

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007697

Date of Disbursement

/ /

Amount of Each Disbursement this Period

696.07

C.

Full Name (Last, First, Middle Initial)

INSIGHT DIRECT INC

Mailing Address PO BOX 78825

City
PHOENIX

State
AZ

Zip Code
85062-8825

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007885

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1638.48

SUBTOTAL of Disbursements This Page (optional)

12708.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 324 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL DATA MANAGEMENT

Mailing Address 490 WHITE POND DR

City AKRON State OH Zip Code 44320

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007695

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL DATA MANAGEMENT

Mailing Address 490 WHITE POND DR

City AKRON State OH Zip Code 44320

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007883

Date of Disbursement

/ /

Amount of Each Disbursement this Period

53147.94

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL DATA MANAGEMENT

Mailing Address 490 WHITE POND DR

City AKRON State OH Zip Code 44320

Purpose of Disbursement
DATA ENTRY SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007915

Date of Disbursement

/ /

Amount of Each Disbursement this Period

450.00

SUBTOTAL of Disbursements This Page (optional)

54197.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JACK H. LUCKY FLORAL DESIGN INC

Mailing Address 750 SUNDANCE MOUNTAIN

City State Zip Code
NEW MARKET VA 22844

Purpose of Disbursement
DECORATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007917

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

4588.50

B.

Full Name (Last, First, Middle Initial)

LAW OFFICES OF JAMES E WALSH

Mailing Address 514 STATE ST

City State Zip Code
SCHENECTADY NY 12305

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007898

Date of Disbursement

04 / 16 / 2009

Amount of Each Disbursement this Period

25000.00

C.

Full Name (Last, First, Middle Initial)

LEXIS-NEXIS

Mailing Address PO BOX 7247-7090

City State Zip Code
PHILADELPHIA PA 19170-7090

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007918

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

14675.98

SUBTOTAL of Disbursements This Page (optional)

44264.48

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 326 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MAMSI LIFE AND HEALTH

Mailing Address PO BOX 13615

City
PHILADELPHIAState
PAZip Code
19101-3615Purpose of Disbursement
INSURANCE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007949

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

Amount of Each Disbursement this Period

2556.60

B.

Full Name (Last, First, Middle Initial)

MARATHON STRATEGIC COMMUNICATIONS

Mailing Address 3771 VINECREST DRIVE

City
DALLASState
TXZip Code
75229Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007699

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	9

Amount of Each Disbursement this Period

2947.43

C.

Full Name (Last, First, Middle Initial)

MARATHON STRATEGIC COMMUNICATIONS

Mailing Address 3771 VINECREST DRIVE

City
DALLASState
TXZip Code
75229Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007771

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Amount of Each Disbursement this Period

14500.00

SUBTOTAL of Disbursements This Page (optional)

20004.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 327 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARATHON STRATEGIC COMMUNICATIONS

Mailing Address 3771 VINECREST DRIVE

City DALLAS State TX Zip Code 75229

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007773

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

1600.00

B.

Full Name (Last, First, Middle Initial)

MARRIOTT GROUP

Mailing Address 211 NORTH UNION ST
SUITE 220

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007750

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

MCLAUGHLIN AND ASSOCIATES INC

Mailing Address 566 S RT 303

City BLAUVELT State NY Zip Code 10913

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007754

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

17290.50

SUBTOTAL of Disbursements This Page (optional)

21390.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 328 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MUTUAL OF OMAHA INSURANCE CO

Mailing Address PO BOX 743102

City
CINCINNATI

State
OH

Zip Code
45274-3102

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007700

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

1163.51

B.

Full Name (Last, First, Middle Initial)

NATIONAL BUILDING MUSEUM

Mailing Address 401 F STREET NW

City
WASHINGTON

State
DC

Zip Code
20001

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007921

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

20500.00

C.

Full Name (Last, First, Middle Initial)

NATIONAL RESEARCH INC

Mailing Address 6 SHERWOOD CT

City
HOLMDEL

State
NJ

Zip Code
07733

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007889

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)

25163.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code
GAITHERSBURG MD 20879

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008099

Date of Disbursement

/ /

Amount of Each Disbursement this Period

59.99

B. Full Name (Last, First, Middle Initial)
NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code
GAITHERSBURG MD 20879

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.00

C. Full Name (Last, First, Middle Initial)
NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code
GAITHERSBURG MD 20879

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4697.58

SUBTOTAL of Disbursements This Page (optional)

4802.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code
GAITHERSBURG MD 20879

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008104

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1876.08

B. Full Name (Last, First, Middle Initial)
NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code
GAITHERSBURG MD 20879

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3745.22

C. Full Name (Last, First, Middle Initial)
ONMESSAGE INC

Mailing Address 815 SLATERS LANE

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007713

Date of Disbursement

/ /

Amount of Each Disbursement this Period

54.95

SUBTOTAL of Disbursements This Page (optional)

5676.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 331 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ONMESSAGE INC

Mailing Address 815 SLATERS LANE

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007882

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

1776.00

B.

Full Name (Last, First, Middle Initial)

OXFORD COMMUNICATIONS LLC

Mailing Address 121 S ALFRED ST
STE 6

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007702

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

4913.60

C.

Full Name (Last, First, Middle Initial)

PACER

Mailing Address PO BOX 70951

City
CHARLOTTE

State
NC

Zip Code
28272

Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007881

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

22.08

SUBTOTAL of Disbursements This Page (optional)

6711.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 332 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PACIFIC PARKING

Mailing Address 501 S CAPITOL ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PARKING SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007714

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

1425.00

B.

Full Name (Last, First, Middle Initial)

PE SYSTEMS LLC

Mailing Address 245 W MAIN AVE
STE 400

City
SPOKANE

State
WA

Zip Code
99201

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007880

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

21.45

C.

Full Name (Last, First, Middle Initial)

PUBLIC OPINION STRATEGIES

Mailing Address 214 N FAYETTE ST

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement
SURVEY RESEARCH

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007768

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

6600.00

SUBTOTAL of Disbursements This Page (optional)

8046.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

QWEST COMMUNICATIONS

Mailing Address PO BOX 85619

City
LOUISVILLE

State
KY

Zip Code
40285-6169

Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007703

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

1281.53

B.

Full Name (Last, First, Middle Initial)

RECALL TOTAL INFORMATION MANAGEMENT

Mailing Address PO BOX 841693

City
DALLAS

State
TX

Zip Code
75284-1693

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007923

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

363.01

C.

Full Name (Last, First, Middle Initial)

REFLECTIONS PHOTOGRAPHY INC

Mailing Address 631 PENNSYLVANIA AVE SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
PHOTOGRAPHY SVC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007924

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

6076.91

SUBTOTAL of Disbursements This Page (optional)

7721.45

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

12115.60

12486.60

1800.00

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 335 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SMARTECH CORPORATION

Mailing Address PO BOX 11181

City
CHATTANOOGA

State
TN

Zip Code
37401-2181

Purpose of Disbursement
WEB SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007930

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

9758.45

B.

Full Name (Last, First, Middle Initial)

SPECTRUM WATER COOLERS INC

Mailing Address PO BOX 644006

City
CINCINNATI

State
OH

Zip Code
45264-4006

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007931

Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

158.63

C.

Full Name (Last, First, Middle Initial)

SPELNA INC

Mailing Address 225 INDUSTRIAL CT

City
FREDERICKSBURG

State
VA

Zip Code
22408

Purpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007760

Date of Disbursement

04 / 06 / 2009

Amount of Each Disbursement this Period

382.78

SUBTOTAL of Disbursements This Page (optional)

10299.86

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 7591 9TH ST N

City
SAINT PAUL

State
MN

Zip Code
55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007762

Date of Disbursement

/ /

Amount of Each Disbursement this Period

55673.80

B.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 7591 9TH ST N

City
SAINT PAUL

State
MN

Zip Code
55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007877

Date of Disbursement

/ /

Amount of Each Disbursement this Period

65038.65

C.

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 7591 9TH ST N

City
SAINT PAUL

State
MN

Zip Code
55128

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007933

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45258.00

SUBTOTAL of Disbursements This Page (optional)

165970.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SUMMIT OPEN SYSTEMS LLC

Mailing Address PO BOX 841

City State Zip Code
ARNOLD MD 21012

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007934

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

B.

Full Name (Last, First, Middle Initial)
THE COMPLIANCE CONSULTING COMPANY OF VA LLC

Mailing Address PO BOX 365

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007710

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)
THE MCINTOSH COMPANY

Mailing Address 3838 OAK LAWN AVE
STE 850

City State Zip Code
DALLAS TX 75219

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007919

Date of Disbursement

/ /

Amount of Each Disbursement this Period

63358.26

SUBTOTAL of Disbursements This Page (optional)

78958.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THIRD DIMENSION STRATEGIES

Mailing Address 116 6TH ST NE
NO 204

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
FUNDRAISING PHONE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007876

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

211.29

B.

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City LOS ANGELES State CA Zip Code 90099-9208

Purpose of Disbursement
RETIREMENT SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007858

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

10821.68

C.

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City LOS ANGELES State CA Zip Code 90099-9208

Purpose of Disbursement
RETIREMENT SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008028

Date of Disbursement

04 / 24 / 2009

Amount of Each Disbursement this Period

10432.45

SUBTOTAL of Disbursements This Page (optional)

21465.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City
PHILADELPHIA

State
PA

Zip Code
19170-0001

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007764

Date of Disbursement

/ /

Amount of Each Disbursement this Period

111.41

B.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City
PHILADELPHIA

State
PA

Zip Code
19170-0001

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007875

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.34

C.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City
PHILADELPHIA

State
PA

Zip Code
19170-0001

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007935

Date of Disbursement

/ /

Amount of Each Disbursement this Period

62.46

SUBTOTAL of Disbursements This Page (optional)

286.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 341 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) UPS Mailing Address PO BOX 7247-0244	Transaction ID: SB21-0.007956 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 4 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19170-0001 Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>279.14</div>
B. Full Name (Last, First, Middle Initial) US DEPARTMENT OF TREASURY Mailing Address 1500 PENNSYLVANIA AVE NW City WASHINGTON State DC Zip Code 20220 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.007856 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>44905.02</div>
C. Full Name (Last, First, Middle Initial) US DEPARTMENT OF TREASURY Mailing Address 1500 PENNSYLVANIA AVE NW City WASHINGTON State DC Zip Code 20220 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.008025 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 4 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>44608.59</div>

SUBTOTAL of Disbursements This Page (optional)

89792.75

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 343 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 2 FEDERAL SQ

City
NEWARKState
NJZip Code
07102-9998Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.008030

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	9

Amount of Each Disbursement this Period

2105.80

B.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City
DALLASState
TXZip Code
75266-0720Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007958

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Amount of Each Disbursement this Period

3385.09

C.

Full Name (Last, First, Middle Initial)

VERIZON BUSINESS

Mailing Address PO BOX 371392

City
PITTSBURGHState
PAZip Code
15250-7392Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007957

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Amount of Each Disbursement this Period

1809.63

SUBTOTAL of Disbursements This Page (optional)

7300.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 344 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City RICHMOND State VA Zip Code 23212

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007857

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3945.97

B. Full Name (Last, First, Middle Initial)
VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City RICHMOND State VA Zip Code 23212

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008024

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3941.66

C. Full Name (Last, First, Middle Initial)
WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008107

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11596.82

SUBTOTAL of Disbursements This Page (optional)

19484.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 345 / 355

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
LOAN INTEREST

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.008224

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

9182.35

B.

Full Name (Last, First, Middle Initial)

XEROX CORPORATION

Mailing Address PO BOX 827181

City
PHILADELPHIA

State
PA

Zip Code
19182-7181

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007707

Date of Disbursement

04 / 01 / 2009

Amount of Each Disbursement this Period

3372.82

C.

Full Name (Last, First, Middle Initial)

XEROX CORPORATION

Mailing Address PO BOX 827181

City
PHILADELPHIA

State
PA

Zip Code
19182-7181

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21-0.007872

Date of Disbursement

04 / 13 / 2009

Amount of Each Disbursement this Period

3884.67

SUBTOTAL of Disbursements This Page (optional)

16439.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ZONES	Transaction ID: SB21-0.007708 Date of Disbursement																				
Mailing Address PO BOX 34740	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	9												
City SEATTLE State WA Zip Code 98124-1740	Amount of Each Disbursement this Period																				
Purpose of Disbursement EQUIPMENT PURCHASE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>127.81</td> </tr> </table>																				127.81
									127.81												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) ZONES	Transaction ID: SB21-0.007871 Date of Disbursement																				
Mailing Address PO BOX 34740	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	0	9												
City SEATTLE State WA Zip Code 98124-1740	Amount of Each Disbursement this Period																				
Purpose of Disbursement EQUIPMENT PURCHASE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>981.14</td> </tr> </table>																				981.14
									981.14												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMMITTEE	Transaction ID: SB21-0.007879 Date of Disbursement																				
Mailing Address 310 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement RENT	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>175666.00</td> </tr> </table>																				175666.00
									175666.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

176774.95

TOTAL This Period (last page this line number only)

1678343.54

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SENATE-HOUSE DINNER 2009

Mailing Address 425 2ND ST NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22-0.007897

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

50000.00

SUBTOTAL of Disbursements This Page (optional)

50000.00

TOTAL This Period (last page this line number only)

50000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 348 / 355

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALASKANS FOR DON YOUNG

Mailing Address 2504 FAIRBANKS ST

City
ANCHORAGEState
AKZip Code
99503Purpose of Disbursement
IN KIND-STUDIOCandidate Name
DONALD E YOUNGCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District: 00

Transaction ID: SB23-0.YMT348

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

BARRETT FOR CONGRESS

Mailing Address PO BOX 869

City
WESTMINSTERState
SCZip Code
29693Purpose of Disbursement
IN KIND-STUDIOCandidate Name
GRESHAM BARRETTCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 03

Transaction ID: SB23-0.YMT351

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

Amount of Each Disbursement this Period

175.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

CATHY MCMORRIS FOR CONGRESS

Mailing Address PO BOX 137

City
SPOKANEState
WAZip Code
99210Purpose of Disbursement
IN KIND-STUDIOCandidate Name
CATHY MCMORRIS RODGERSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: SB23-0.YMT350

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF FRANK WOLF	Transaction ID: SB23-0.YMT355 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9
	Mailing Address PO BOX 221585	
	City CHANTILLY State VA Zip Code 20153	Amount of Each Disbursement this Period 62.50
	Purpose of Disbursement IN KIND-STUDIO	[MEMO ITEM]
	Candidate Name FRANK WOLF	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: VA District: 10	
B.	Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE	Transaction ID: SB23-0.YMT346 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9
	Mailing Address PO BOX 87	
	City UWCHLAND State PA Zip Code 19840	Amount of Each Disbursement this Period 125.00
	Purpose of Disbursement IN KIND-STUDIO	[MEMO ITEM]
	Candidate Name JIM GERLACH	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: PA District: 06	
C.	Full Name (Last, First, Middle Initial) KAY GRANGER CAMPAIGN FUND	Transaction ID: SB23-0.YMT353 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9
	Mailing Address 715 JONES ST STE 100	
	City FORT WORTH State TX Zip Code 76102	Amount of Each Disbursement this Period 62.50
	Purpose of Disbursement IN KIND-STUDIO	[MEMO ITEM]
	Candidate Name KAY GRANGER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: TX District: 12	

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

[MEMO ITEM]

[MEMO ITEM]

[MEMO ITEM]

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

POE FOR CONGRESS

Mailing Address **PO BOX 14222**

City **HUMBLE** State **TX** Zip Code **77347**

Purpose of Disbursement
IN KIND-STUDIO

Candidate Name
TED POE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: **TX** District: **02**

Transaction ID: SB23-0.YMT343

Date of Disbursement

/ /

Amount of Each Disbursement this Period

325.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

POE FOR CONGRESS

Mailing Address **PO BOX 14222**

City **HUMBLE** State **TX** Zip Code **77347**

Purpose of Disbursement
IN KIND-STUDIO

Candidate Name
TED POE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: **TX** District: **02**

Transaction ID: SB23-0.YMT352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

325.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

SCHOCK FOR CONGRESS

Mailing Address **PO BOX 10555**

City **PEORIA** State **IL** Zip Code **61612**

Purpose of Disbursement
IN KIND-STUDIO

Candidate Name
AARON SCHOCK

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: **IL** District: **18**

Transaction ID: SB23-0.YMT357

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 352 / 355

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address PO BOX 11519

City
CHARLESTONState
WVZip Code
25339Purpose of Disbursement
IN KIND-STUDIOCandidate Name
SHELLEY MOORE CAPITOCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: SB23-0.YMT344

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

Amount of Each Disbursement this Period

125.00

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 5458

City
SPRINGFIELDState
ILZip Code
62705Purpose of Disbursement
IN KIND-STUDIOCandidate Name
JOHN M SHIMKUSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: SB23-0.YMT347

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEDIA

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB23-0.007756

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Amount of Each Disbursement this Period

1920.00

SUBTOTAL of Disbursements This Page (optional)

1920.00

TOTAL This Period (last page this line number only)

1920.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 353 / 355

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRANCIS D COLLINS

Mailing Address 17020 PARK AVE

City
SONOMA

State
CA

Zip Code
95476-3445

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.007906

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

CHARLES HANTZ

Mailing Address 21748 N 1365 EAST ROAD

City
DANVILLE

State
IL

Zip Code
61834-5373

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.007892

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3500.00

C.

Full Name (Last, First, Middle Initial)

JAMES HELSEL

Mailing Address 3438 TRINDLE RD
SUITE 200

City
CAMP HILL

State
PA

Zip Code
17011

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.007910

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 354 / 355

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORMA SCHENK

Mailing Address 886 S BALDWIN DR

City
BLOOMINGTON

State
IN

Zip Code
47401

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB28A-0.007705

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	9

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

9000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRENT T EDWARDS

Mailing Address 320 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
RECOUNT - TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.007891

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5325.00

B.

Full Name (Last, First, Middle Initial)

MELISSA HASAN

Mailing Address 434 WATERVLIET-SHAKER RD

City
LATHAM

State
NY

Zip Code
12110

Purpose of Disbursement
RECOUNT -TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.007894

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3195.00

C.

Full Name (Last, First, Middle Initial)

EMPIRE STATE INVESTIGATIONS INC

Mailing Address 741 SLATE QUARRY RD

City
RHINEBECK

State
NY

Zip Code
12572

Purpose of Disbursement
RECOUNT - RESEARCH

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29-0.007937

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14450.53

SUBTOTAL of Disbursements This Page (optional)

22970.53

TOTAL This Period (last page this line number only)

22970.53